
SEMEN ANALYSIS COLLECTION INSTRUCTIONS

If you have NOT scheduled your appointment you must call 517-371-9500

*****Specimen Submission form is on backside and must be filled out*****

Your semen collection kit contains:

Sterile plastic specimen cup

Plastic biohazard bag

Specimen submission form

Insulated bag

1. Abstain from any sexual activity for no less than 2 days or more than 5 days.
2. The semen sample must be collected by masturbation. If you are unable to produce a sample by masturbation, please consult your physician. **Do not use any lubricants.**
3. **Do not use any commercial condoms** as they contain substance intended to kill sperm.
4. Collect sample at home. Time the collection so the delivery to the lab can be made at your appointment time. **No more than 45 minutes** should elapse between collection and delivery.
5. Write **NAME (first and last) and DATE OF BIRTH** on specimen cup. Specimen will be **rejected** if cup is unlabeled.
6. Produce entire ejaculate of semen into cup and replace lid. Twist to tighten.
7. **If a 'special condom' from your doctor is used, place the entire condom and all contents into the sample cup**, otherwise specimen will be **rejected**.
8. Place specimen cup into biohazard bag and seal.
9. Complete the Semen Specimen Submission form (on the backside) and place in envelope. Specimen will be rejected if form is incomplete.
10. Place biohazard bag AND Form into insulated paper bag and seal.
11. Deliver sealed bag with envelope to the inpatient Laboratory area in the **Main Hospital. Park in the Parking Ramp D on N. Holmes St.** (Push the button to enter the ramp and explain to the person you have a drop off for the lab.) Use the double doors to the left of the cancer center; you will also have to push a button to enter. Explain that you have a drop off for the lab. Look for signs that direct you to the lab.
12. Ensure that the specimen is not exposed to temperatures in excess of 98°F or lower than 70°F.

2/15/24dsm

SEMEN SPECIMEN SUBMISSION FORM
You MUST make an appointment BEFORE collection!

Patient Name: _____ Date of Birth: _____

Address: _____

Partners Name: _____ Phone Number: _____

Collection Site: Home Sparrow

Physician who ordered/receive results: _____

Sample Information: ***Sample MUST arrive to the lab within 45 minutes of collection!***

Days of Abstinence: _____

Date of Collection: _____

Time of Collection: _____ AM / PM

Was entire specimen collected? Yes No

(if NO, specify portion of specimen lost)

_____ First _____ Middle _____ Last

Method of Collection: Masturbation
 Other (Specify) _____

Was specimen exposed to temperature above 98°F or lower than 70°F?

Yes No

2/15/24dsm

For Lab Use:

Date specimen in Lab: _____

Time Specimen in Lab: _____

Initials: _____