

Semen Collection for Analysis, Intrauterine Insemination, or IVF Procedures

SEMEN ANALYSIS

Semen analysis is an evaluation of the concentration of sperm, motility, and an estimate of their normal structure (morphology). You must make an appointment for a semen analysis (home and office collection). Appointments are available Monday through Saturday. You must have identification, a doctor's order and this completed form with you at the time of your appointment, or your appointment will be rescheduled. If you have any questions, concerns or have difficulty making your scheduled appointment time, please call (586) 576-0431.

FOR ALL SEMEN COLLECTIONS

The quality of the semen specimen you produce will be better maintained by carefully following these instructions. Please use the sterile specimen container we provide. Refrain from ejaculation (by masturbation or intercourse) for a period of **2-7 days** prior to collection of the specimen. Longer periods of abstinence are not usually beneficial and may be detrimental to the analysis. Please call (586) 576-0431 to make an appointment.

- Collect the specimen by masturbation. DO NOT use soaps, gels or lotions as these are highly toxic to sperm. If lubrication is necessary, please ask a nurse or andrology technician for the name of a lubricant which is non-toxic to sperm. Specimen collection during intercourse withdrawal or oral stimulation is not recommended. Portions of the specimen can be lost or contaminated by bacteria. If it is impossible to collect a specimen by masturbation, a seminal collection device for intercourse is available for purchase from our office.
- 2. Safely secure the top of the container. Fill out the label provided with your name, the date, your date of birth and time of collection. Place label on side of container. Unlabeled containers will not be accepted.
- 3. **For home collected specimens only**: Insert the container into the biohazard bag provided. Seal the bag. Hold the container upright while transporting it to the lab. Keep the specimen between room and body temperature by placing the container near your body during transport (example, a shirt pocket) and avoid temperature extremes (air conditioning and seat-heaters). The specimen should arrive in the lab within ONE HOUR of collection.
- 4. A copy of your identification is required every time a specimen is submitted for testing. If a partner is dropping off, copies of both identifications are required. Specimens without identification will be rejected.

Please complete the following information:

Male Patient's Name:			Date of Birth:		
•	Last	First			
Partner's Name:			Date of Birth: t		
	Last	First			
Ordering Physician:	Dr. Kowalczyk	Dr. Budrys	_ Other (Specify):		
Number of days of abs	tinence from ejaculati	on (by masturbation or	intercourse):	_	
Collection Time:	Co	ollection Site: MCFW Of	fice но	ome	
-			what part was lost/spilled? I results and may falsely sugg		
Other problems collec	ting? Specify:				
I accept full responsibi receive my test results		ovided is that of myself	, and I give my permission f	or my partner listed above to	
Signature:			Date:		
Signature if partner is					
	knowledge the specimen I am providing is that of my partner Signature of Partner dropping off specimen USE ONLY				
Photo I.D. :	YES (male female bo	th) NO Specimen	Received By: Front Desk	Andrology	
Time specimen received in	ı lab: Tech	Androlog	y Lab #		
SA	IUI	IVF	Freeze		

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