

## PATIENT INSTRUCTIONS FOR SEMEN ANALYSIS COLLECTION

### Sample Collection

- Refrain from sexual activity (including masturbation) for 48 hours prior to the planned date of collection. **Abstinence should be no longer than 7 days prior to the collection.**
- Wash and dry hands and genitals.
- Collect entire semen emission using masturbation into the sterile collection container provided.
  - Do not use a sheath or condom for collection as this can decrease sperm activity and viability and will thus invalidate the results.
  - Do not collect the specimen via *coitus interruptus* since the first portion of the ejaculate contains the highest concentration of spermatozoa and this method jeopardizes collection of this portion.
- Record your name, date of birth, date and time of collection on the label. Record your spouse or partner's name also.

### Delivery

- The sample must be delivered to the laboratory location listed below within one hour of collection. (Samples may be collected on-site at the location below if the delivery time is a concern.)
- Ensure that sample temperature is maintained at room temperature or body temperature (by carrying near the body). Samples must not be refrigerated or artificially heated.
- Drop the specimen off at one of the locations below:

### Note: Semen analysis only performed at Allenmore Hospital Laboratory

(253-459-6336) Located at 1901 S Union Ave Tacoma, WA 98405.

Ask at the inside information desk to be directed to the laboratory.

Monday – Friday only 8:00am-2:00pm (test is not available on weekends)

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### Test Information

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Spouse/Partner Name: \_\_\_\_\_ Physician: \_\_\_\_\_  
Last First MI

*(The following information will assist your physician in interpreting the results)*

Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_ Time of Delivery: \_\_\_\_\_

Have you had a vasectomy? Yes / No      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last sexual activity: \_\_\_\_\_

Was the entire sample collected? Yes / No

**Was the sample collected by masturbation without lubricants? Yes / No**

Container supplied by:  Laboratory  Physician  Other \_\_\_\_\_

Were any problems encountered during specimen transport? Yes / No

Please describe: \_\_\_\_\_