



**Instructions for Semen Analysis Collection and Drop-off**

*An appointment is required to drop-off your sample.*

*If an appointment is not made, you may be asked to schedule an appointment and recollect another sample.*

**Please call 614-688-7298 to schedule your appointment.**

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

**Your sample should be collected at home and brought to the laboratory within 1 hour of collection.**

Your physician has requested you submit a semen sample by masturbating and ejaculating into a sterile container. Read all of the instructions carefully before attempting to collect your sample.

1. You must abstain from ejaculation for 2-7 days prior to collection.
2. Wash your hands and genital area with soap.
3. Rinse thoroughly so all soap is rinsed away. Soap will kill sperm.
4. Open container.
5. Masturbate to ejaculation. Other methods of collection may compromise your sample and you may be required to provide another one.
  - Do not use lubricants as many lubricants can kill sperm.
  - Avoid vaginal and oral secretions which will contaminate your sample.
6. Deposit all semen into a sterile container. Do not touch inside of the container.
7. Tightly secure cap onto container.
8. Wash your hands.
9. Complete the Questionnaire below and label container with your full name and date of birth.
10. Keep the container in an upright position as much as possible.
11. Protect the sample from extreme temperatures and direct sunlight. Maintain the sample as close to body temperature as possible. (e.g. under armpit, in pocket close to body, wrapped in a blanket or coat).

*Please bring a photo ID, insurance information, doctor's written order for testing (if you were given one), completed questionnaire, and labeled sample to the Stefanie Spielman Comprehensive Breast Center Laboratory.*

*Please take elevator to the second floor and check in with registration desk. Please keep sample until lab personnel arrives.*

Time received in lab: \_\_\_\_\_

**Patient Collection Questionnaire**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of collection: \_\_\_\_\_ Time of collection: \_\_\_\_\_

Today's collection method:  Masturbation  Other If Other, describe \_\_\_\_\_

Did portion of ejaculate miss container?  Yes  No

If Yes, check appropriate response:  First part of ejaculate  Middle part of ejaculate  Last part of ejaculate

Was lubricant used to collect?  Yes  No If Yes, describe \_\_\_\_\_

Number of days since last ejaculation? \_\_\_\_\_

If the above questions have not been reported, you may be required to provide another sample.