

Semen Analysis Collection
Department of Clinical Laboratories
The Ohio State University Wexner Medical Center

Instructions for Semen Analysis Collection and Drop-off

An appointment is required to drop-off your specimen. If an appointment is not made, you may be asked to schedule an appointment and recollect another specimen.

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

Appointment date: _____ Appointment time: _____

Your specimen 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 specimen.

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 specimen 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 specimen.
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 specimen from extreme temperatures and direct sunlight. Maintain the specimen 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 semen analysis (if you were given one), completed questionnaire, and labeled semen specimen to laboratory located at:

Stephanie Spielman Comprehensive Breast Center
1145 Olentangy River Road
Columbus, OH 43212

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.