Semen Analysis Appointment and Collection Instructions

An appointment is required to drop-off your sample. If you do not have an appointment, you will be asked to schedule an appointment and recollect another sample. If you need to cancel or reschedule, please call at least 24 hours in advance.

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

Appointment date: _______________ Appointment time: ________________

Your sample should be collected at home and brought to your appointment within 45 minutes of collection.

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

1. Label container with your full legal name and date of birth
2. Abstain from ejaculation for a minimum of 2, but not longer than 7 days before collecting sample.
3. Wash your hands and genital area with soap.
4. Rinse thoroughly so all soap is rinsed away. Soap will kill sperm.
5. Open container.
6. Masturbate to ejaculation. Other methods of collection may be harmful to your sample and you may be required to provide another sample.
   - Do not use lubricants as many lubricants can kill sperm.
   - Avoid vaginal and oral secretions which will contaminate your sample.
7. Ejaculate all semen into a sterile container. Do not touch inside of the container.
8. Tightly secure cap onto container and place in specimen bag.
9. Wash your hands.
10. Complete the questionnaire below and return with sample.
11. Keep the container in an upright position as much as possible.
12. 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. Test results will be available to your physician and MyChart within 72 hours.

Please check in at the registration desk. Please keep sample until lab personnel arrives.

Patient Collection Questionnaire

Name: _____________________________________________ Date of birth: ________________________________

Collection Date: ________________________________ Collection Time: ________________________________

Today’s collection method: □ Masturbation If other than masturbation, describe: ________________________________

Did portion of ejaculate miss container? □ No, the entire sample was collected.
   If yes, check appropriate response(s): □ First part of ejaculate □ Middle part of ejaculate □ Last part of ejaculate

Was lubricant used to collect? □ 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.