



Patient Instructions for Semen Collection

- Refrain from any sexual activity, including masturbation, for 2-7 days.
- The semen specimen should be collected by masturbation. Do not use any lubricants, including saliva to collect the specimen, as many are toxic and will kill sperm. Alternate collection methods may be discussed but are not recommended. If alternate collection is approved, do not collect the specimen in a regular condom as these contain chemicals that will kill sperm. A special non-toxic condom can be obtained from the lab or your physician.
- The specimen should be collected in a container provided by this or your physician's office. The use of other containers is not recommended as these may be toxic and kill the sperm.
- Prior to collection make sure your hands and genitals are clean and dry. Do not touch the tip of the penis during drying. **If you are collecting sperm for cryopreservation (freezing) use only the scrub sponge provided with your collection cup to wash your hands and genitals. If you have a foreskin, keep it retracted while washing. Remove all soap residue from hands and genitals by rinsing well with water.**
- Open sterile container. Place the lid upside down. Do not get any water or soap in the container since both will kill sperm.
- Ejaculate one time only directly into the sterile container and avoid touching the internal sterile wall of the container. Try to get the entire ejaculate into the container. After collection, replace the lid and be sure it is secured properly.
- Label the container with your **Name, Social Security Number, Date and Time of Collection**
- Complete the Information Below

Additional Instructions if You are Collecting a Specimen at Home

- Do NOT collect your specimen more than one hour before your appointment time. Collecting early may alter results.
- Do not expose the specimen to temperature extremes. (Do NOT refrigerate or expose to heat greater than body temperature).

THIS SECTION TO BE COMPLETED BY THE PATIENT (MALE PROVIDING SPERM)

Specimen Collection Information

Patient Name _____ Date of Birth ___/___/____ Social Security # ____ - ____ - _____
 Female Partner Name _____ Date of Birth ___/___/____
 Date ___/___/____ and Time ___:___ am/pm of collection Physician Name _____
 Collection method: [] masturbation [] condom collection kit [] other, explain method used _____
 Was any of the specimen lost or spilled during collection? **(This is very important) Yes / No**
 I was abstinent (did not ejaculate) for _____ days before producing this sample
 Comments _____

Disclosure of Information to Partner by Ordering Physician

Your test results/specimen information will be sent to the ordering physician/practice, _____, who will discuss them with you. You have the option to authorize this physician/practice to discuss your test results with your partner directly. **Please choose whether you wish to give this authorization by filling in the physician/practice name where indicated and placing your initials in the appropriate box below.**

- [] I authorize the physician/practice ordering this procedure to discuss any information/results with my partner
 [] I DO NOT authorize the physician/practice ordering this procedure to discuss any information/results with my partner

Signature Required Below

I verify that I provided the specimen documented on this form and that I have followed all directions in collecting this sample. I agree that I have accurately completed all information requested to the best of my ability.

Patient Signature _____ Date _____ / _____ / _____