**Hanover Hospital letterhead**

**Hanover Hospital Laboratory Services patient collection information and instructions for**

* **Semen Analysis for Fertility and**
* **Post-Vasectomy Semen Analysis with Progression Reflex**

**Please read this entire page BEFORE collecting your semen. You must exactly follow the instructions exactly. Failure to do so could affect the reliability of your test results.**

This type of specimen is accepted **ONLY** **at the Hanover Hospital main laboratory**, 300 Highland Avenue, **Monday to Friday between 7:00 AM and 2:00 PM.** No semen specimens are accepted on holidays.

Please follow these collection instructions EXACTLY:

1. Before collecting the semen specimen, refrain from all sexual activity, including masturbation for 2-7 days (but no longer).
2. Obtain the semen by masturbation. Do not use saliva or lubricants during collection. Do not obtain the semen using coitus interruptus or a condom.
3. Collect the ENTIRE specimen directly into the container provided from your doctor’s office or the laboratory.
4. Screw the lid on tightly.
5. Write your full name, birthdate and date and time of collection on the container.
6. Fill out the box below.
7. Keep the container warm by placing it close to your body until you deliver it to the laboratory.
8. Bring this form, your doctor’s order and the container to the laboratory immediately after collection because **testing must take place within 1 hour of collection.**  To avoid delays, notify staff when you arrive that you have a sample for semen analysis even when you are not next in line.

**Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_**

**Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Days of abstinence (2-7 days recommended): Less than 2 2 to7 More than 7**

**Was any specimen lost or spilled during collection? No Yes**

**Method of collection: masturbation specify other (not recommended): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**LAB USE ONLY**

Attach this completed form to the semen analysis worksheet

Specimen receipt time: \_\_\_\_\_\_\_\_\_\_ Specimen analysis time: \_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_