

325 Maine Street Lawrence, Kansas 66044 785-505-6179

SEMEN ANALYSIS

INSTRUCTIONS TO PATIENTS:

- 1. Abstain from sexual activity for at least 48 hours and no more than 7 days prior to the day of analysis.
- 2. It is not necessary to make an appointment with the laboratory for this testing, but semen analysis testing is only performed on Monday through Friday, excluding holidays, between the hours of 8:00 and 11:00 a.m. at the main LMH lab. Specimens delivered to the laboratory outside of these hours will not be accepted for analysis.
- 3. On the appropriate day, collect the semen in a small, clean, hard plastic container with a large mouth (provided by either physician's office or laboratory). The specimen should be collected without the aid of lubricants either by masturbation or by interrupted coitus using a special semen collection condom only (such as "Male Factor Pak"). Uninterrupted coitus is not an acceptable method of collection. It is important to submit the entire specimen.
- 4. Label the sample cup with your name, date of birth, and date and time of sample collection.
- 5. Keep specimen at body temperature by placing next to body, inside a shirt, etc., and bring to the laboratory within 30 minutes of collection. You will be asked to complete a brief form to provide information about the collection and handling of the sample (see next page). This is very important information to assist your physician in properly interpreting test results.

LAWRENCE MEMORIAL HOSPITAL MAIN LABORATORY

SEMEN ANALYSIS SPECIMEN COLLECTION

To be completed by patient at time of specimen delivery to lab:

| Patient Name | | DOB | | | |
|--|---|-----------|----------------------------|--|--|
| Date of Collection | Time of Collectio | nN | umber of days abstinence _ | | |
| 1. Method of Collection (circle | e one): | | | | |
| Masturbation Un | Masturbation Uninterrupted coitus using special semen collection condom (e.g. Male Factor Pak) | | | | |
| 2. Was entire sample collected and submitted? | | Yes | No | | |
| 3. Was sample maintained at room or body temp during transport to laboratory? Yes No | | | | | |
| If no, estimate temp range during transport or describe conditions | | | | | |
| | | | | | |
| | | | | | |
| 4. Specimen to be analyzed for (circle one): | | Fertility | | | |
| TO BE COMPLETED BY LABORATORY | | | | | |
| Time of receipt in laboratory Temperature of specimen upon receipt | | | | | |
| Type of specimen container _ | | | | | |
| Total Volume | pH | | Normal | | |
| Color | Motility | | Head Defect | | |
| Liquefaction | Viability | | NeckMD | | |
| Viscosity | Count | | TailD | | |
| | | | Immature | | |