

**LAWRENCE MEMORIAL HOSPITAL
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 Collection _____ Number of days abstinence _____

1. Method of Collection (circle one):

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 Post Vasectomy

TO BE COMPLETED BY LABORATORY

For Fertility:

Time of receipt in laboratory _____ Temperature of specimen upon receipt _____

Type of specimen container _____ Tech _____

Total Volume _____ pH _____ WBC _____ Normal Morph _____

Color _____ Viscosity _____ Liquefaction _____ Abnormal Morph _____

Total Motility (PR + NP) _____ Other Observations _____

Progressive Motility _____

Nonprogressive Motility _____

Immotile _____

For Post-Vasectomy Only: Circle one- Sperm Present or Sperm Not Present

If sperm were not present, was concentration by centrifugation performed? Yes No N/A