**Physician Office Instructions - Semen Analysis Testing,**

Please give patients these items when scheduling a Semen Analysis with Aspirus, INC. System:

**1) Pre-weighed sample collection cup** that is provided by Aspirus Reference Lab (ARL).

A pre-weighed sample cup should be given to any patient that will be collecting the semen sample at home.

(Contact Aspirus Reference Lab for pre-weighed collection cups, 715-847-2136.)

# **2) Patient Instructions for Specimen Collection\***

The patient instructions include Laboratory hours, semen collection and transportation requirements.

**3) Semen Analysis Collection Information\***

This form must be completed by the patient at the time of the collection and returned to the Lab with the semen sample. It provides information regarding the sample collection and whether the sample integrity may have been compromised during collection or transport.

# **4) Place Future Order for appropriate testing in EPIC. Or give patient written orders to provide with the sample.**

# Semen Analysis for Infertility = SIM 330899

# Semen Analysis for Post Vasectomy = SIM 331466

Give Patient a copy of the testing orders to accompany the sample.

\*These forms can be printed from the Aspirus Intranet, Reference Lab Manual.

https://www.testmenu.com/aspirus

Refer to the *Aspirus, Inc. System Semen Analysis Testing Facilities List* for reference of semen specimen acceptance and drop off days/hours.

**Important Specimen Transport Requirements:**

1. **Semen Analysis For Infertility Testing:**
* The optimal sample should be delivered to the lab within 30 minutes from time of collection. The maximum time limit for specimen drop off is up to 60 minutes from time of collection.
* If the sample is delivered greater than 60 minutes from collection time but less than 2 hours from collection time, then the testing will be completed and a comment added to the results. The sample may have inaccurate results.
* If greater than/equal to (≥) 2 hours from time of collection the sample will not be tested, it will be rejected, and a recollection is required.
* Patients who cannot meet the 60 minute delivery requirement may collect the specimen in a room provided at the drop off facility.
1. **Semen Analysis For Post Vasectomy Testing:**

The optimal sample should be delivered to the lab within 30 minutes from time of collection. The maximum time limit for specimen drop off is up to 2 hours from collection. If greater than 2 hours from collection time, the sample may have inaccurate results. Patients who cannot meet the 2 hour delivery requirement may collect the specimen in a room provided at the drop off facility.

***PLEASE NOTE: Due to the time sensitive testing required, semen samples are accepted by the testing Lab only between the specified days of the week and hours.***

# ***For questions, please contact appropriate specimen drop off location.*Patient Instructions for Specimen Collection,**


### Specimen: Semen Test: Infertility or Post Vasectomy

Your physician has requested that you collect a semen sample for laboratory testing. Please observe the following requirements in the collection of the specimen required to ensure that the test results reported will be accurate and provide meaningful information for your physician. There are a number of factors that may alter the results of your tests. Please fill out the attached Semen Analysis Collection Information Form. The requirements that you need to be aware of in collecting and transporting the specimen to the laboratory are:

1. **Document** an accurate time of collection on form and container.
2. **Indicate** what testing is to be completed on the semen sample.
3. **Days of abstinence prior to collection:** Abstain from ejaculation for 2-7 days before collecting the semen sample for testing. Please record the number of days of sexual abstinence.
4. **Collection** of the semen should be accomplished by masturbation, without the use of lubricants or possible contaminating substances. The semen cannot be collected in a condom. The semen will not be accepted for testing if collected in a condom. Condoms often contain spermicides that will alter the test results.
5. **Collect** the entire semen sample into a clean specimen cup that is provided by your physician’s office or the Laboratory. The entire ejaculate should be collected in the collection container (urine cup) (preferably a Pre-Weighed container supplied by the physician's office or the laboratory).
	1. If any portion of the ejaculate is not collected, please make certain to note that information on this form since the incomplete collection will significantly affect the interpretation of the test results.
6. **Transport:**
	1. Transport the semen sample to the Laboratory right after collection.
		1. **Semen Analysis For Infertility Testing:**
			1. The optimal sample should be delivered to the lab within 30 minutes from time of collection. The maximum time limit for specimen drop off is up to 60 minutes from time of collection.
			2. If the sample is delivered greater than 60 minutes from collection time but less than 2 hours from collection time, then the testing will be completed and a comment added to the results. The sample may have inaccurate results.
			3. If greater than/equal to (≥) 2 hours from time of collection the sample will **not be tested**, it will be rejected, and a recollection is required.
			4. Patients who cannot meet the 60 minute delivery requirement may collect the specimen in a room provided at the drop off facility.
		2. **Semen Analysis For Post Vasectomy Testing:**
			1. The optimal sample should be delivered to the lab within 30 minutes from time of collection.
			2. The maximum time limit for specimen drop off is up to 2 hours from collection. If greater than 2 hours from collection time, then the testing will be completed and a comment added to the results. The sample may have inaccurate results.
			3. Patients who cannot meet the 2 hour delivery requirement may collect the specimen in a room provided at the drop off facility.
	2. Make an effort to keep the semen sample at a temperature that is near body temperature. Do this by keeping the container in an inside clothing pocket if possible. Record any possible exposure of the semen sample to temperature extremes on the Semen Analysis Collection Information form.
7. **Label** the specimen container clearly with the patient's first and last name, date of birth, and date and time of collection.

**Semen Analysis Collection Information**

***(to be completed by the patient)***

***PLEASE NOTE: Due to the time sensitive testing required, semen samples are accepted by the testing Lab only between the specified hours and days of the week.***

Please return this collection information to the Laboratory with the semen sample. The collection information must accompany the sample.

Patient Name: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_

1. Semen collected at: DATE: TIME: \_\_\_\_\_\_\_\_\_\_
2. Semen Sample for: **Infertility testing or Post Vasectomy testing**
3. Days of abstinence before semen sample collection: \_\_\_\_
4. The semen was collected in a condom. **YES or NO**
5. The entire ejaculate semen sample was collected directly in the sample collection container provided. **YES or NO**

**If No, please describe which portion of the ejaculate was not collected—for example, first portion or last portion)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The semen sample was kept at room temperature and protected from cold and hot temperatures during transport to the laboratory. **YES or NO**

**If No, please explain:** \_\_\_\_

1. The sample container is clearly labeled with patient’s first and last name, date of birth, date and time of collection. **YES or NO**

*This information is necessary for your physician to interpret the results of the test and is maintained as part of the test record. Thank you.*

***For questions, please contact appropriate specimen drop off location.***

**Aspirus, Inc. Semen Analysis Testing Facilities**

**Specimen Drop Off List**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FACILITY NAME** | **ADDRESS** | **LAB PHONE #** | **SPECIMEN DROP OFF DAYS** | **SPECIMEN DROP OFF HOURS** | **SEMEN ANALYSIS TESTING DONE** |
| Aspirus Antigo Clinic | 110 East 5th AvenueAntigo, WI 54409  | 715-623-9257 | Monday – Friday | 8:30 am – 4:30 pm | POST VASECTOMY |
| Aspirus Divine Savior Hospital | 2817 New Pinery RdPortage, WI 53901 | 608-745-5030 | Monday – Friday  | 7:00 am – 4:30 pm | POST VASECTOMY |
| Aspirus Doctors Clinic | 2031 Peach StreetWisconsin Rapids, WI 54494 | 715-423-0122 | Monday – Friday | 8:30 am – 4:30 pm | POST VASECTOMY |
| Aspirus Iron River Hospital | 1400 West Ice Lake RoadIron River, MI 49935 | 906-265-0418 | Monday – Friday[Saturday] | 7:00 am – 7:00 pm[7:00 am – 1:00 pm] | POST VASECTOMY |
| Aspirus Ironwood Hospital | N10561 Grand View LaneIronwood, MI 49938 | 906-932-6207 | Monday – Friday | Please call lab to schedule appointment. 9:00 am – 1:30 pm | **POST VASECTOMY & INFERTILITY** |
| Aspirus Keweenaw Hospital | 205 Osceola StLaurium, MI 49913 | 906-337-6550 | Monday – Friday | Please call lab to schedule appointment7:00 am – 1:30 pm | **POST VASECTOMY & INFERTILITY** |
| Aspirus Medford Hospital/Clinic | 135 South Gibson StreetMedford, WI 54451  | 715-748-8165 | Monday – Friday | 6:00 am – 5:00 pm | POST VASECTOMY |
| Aspirus Plover Hospital/Clinic-Vern Holmes | 5409 Vern Holmes DriveStevens Point, WI 54482  | 715-342-1037 | Monday – Friday | 8:00 am – 5:00 pm | POST VASECTOMY |
| Aspirus Rhinelander Clinic-North Chippewa | 1630 North Chippewa DriveRhinelander, WI 54501  | 715-361-5480 | Monday – Friday | 8:00 am – 5:00 pm | POST VASECTOMY |
| Aspirus Rhinelander Clinic-North Shore | 2251 North Shore DriveRhinelander, WI 54501 | 715-361-4700 | Monday – Friday | 8:00 am – 5:00 pm | POST VASECTOMY |
| Aspirus Riverview Hospital | 410 Dewey StreetWisconsin Rapids, WI 54494 | 715-421-7433 | Monday – Friday | Please call lab to schedule appointment. 8:00 am – 1:00 pm | **POST VASECTOMY & INFERTILITY** |
| Aspirus Stevens Point Hospital | 900 Illinois AveStevens Point, WI 54481 | 715-346-5050 | Monday – Friday | 7:00 am – 5:30 pm | **POST VASECTOMY & INFERTILITY** |
| Aspirus Wausau Hospital/Aspirus Reference Laboratory | 333 Pine Ridge BlvdWausau, WI 54401(Drop off at Plaza Drive Clinic, 2720 Plaza DriveWausau, WI 54401) | 715-847-2136 | Monday – Friday | 7:00 am – 5:30 pm | **POST VASECTOMY & INFERTILITY** |

As of 10/21/2022