

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:

- a. 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 45 minutes from time of collection.
- b. Patients who cannot meet the 45 minute delivery requirement may collect the specimen in a room provided at the drop off facility.

2. Semen Analysis For Post Vasectomy Testing:

- a. 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.
- b. 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).
 - a. 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:**
 - a. Transport the semen sample to the Laboratory right after collection.
 - i. **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 45 minutes from time of collection.
 2. Patients who cannot meet the 45 minute delivery requirement may collect the specimen in a room provided at the drop off facility.
 - ii. **Semen Analysis For Post Vasectomy 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 2 hours from collection.
 2. Patients who cannot meet the 2 hour delivery requirement may collect the specimen in a room provided at the drop off facility.
 - b. 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)

6. 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: _____

7. 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 Avenue Antigo, WI 54409	715-623-9257	Monday – Friday	8:30 am – 4:30 pm	POST VASECTOMY
Aspirus Divine Savior Hospital	2817 New Pinery Rd Portage, WI 53901	608-745-5030	Monday – Friday	7:00 am – 4:30 pm	POST VASECTOMY
Aspirus Doctors Clinic	2031 Peach Street Wisconsin Rapids, WI 54494	715-423-0122	Monday – Friday	8:30 am – 4:30 pm	POST VASECTOMY
Aspirus Iron River Hospital	1400 West Ice Lake Road Iron 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 Lane Ironwood, 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 St Laurium, MI 49913	906-337-6550	Monday – Friday	Please call lab to schedule appointment 7:00 am – 1:30 pm	POST VASECTOMY & INFERTILITY
Aspirus Medford Hospital/Clinic	135 South Gibson Street Medford, WI 54451	715-748-8165	Monday – Friday	6:00 am – 5:00 pm	POST VASECTOMY
Aspirus Plover Hospital/Clinic-Vern Holmes	5409 Vern Holmes Drive Stevens Point, WI 54482	715-342-1037	Monday – Friday	8:00 am – 5:00 pm	POST VASECTOMY
Aspirus Rhinelander Clinic-North Chippewa	1630 North Chippewa Drive Rhinelander, WI 54501	715-361-5480	Monday – Friday	8:00 am – 5:00 pm	POST VASECTOMY
Aspirus Rhinelander Clinic-North Shore	2251 North Shore Drive Rhinelander, WI 54501	715-361-4700	Monday – Friday	8:00 am – 5:00 pm	POST VASECTOMY
Aspirus Riverview Hospital	410 Dewey Street Wisconsin 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 Ave Stevens 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 Blvd Wausau, WI 54401 (Drop off at Plaza Drive Clinic, 2720 Plaza Drive Wausau, WI 54401)	715-847-2136	Monday – Friday	7:00 am – 5:30 pm	POST VASECTOMY & INFERTILITY

As of 10/17/2023