



**SEMEN ANALYSIS  
INSTRUCTIONS**

(Over for Post Vasectomy)

**Follow instructions carefully and completely for optimum specimen results.**

- Specimens are accepted Monday-Friday only at the locations and times listed in #5 below.
  - \*No specimen will be accepted at any location on a "holiday" Friday, i.e., Black Friday or Good Friday
1. Refrain from sexual intercourse and masturbation for at least 2 days but not more than 7 days prior to collection of specimen.
  2. Obtain the specimen by masturbation without artificial lubrication. If masturbation is not possible, a specialized condom may be obtained from physician. Do not collect specimen in a regular condom – it will be rejected.
  3. Collect the specimen in a clean, wide-mouth container (glass or plastic) provided by the physician or Consolidated Lab location. It is important that the whole ejaculate is collected. If not, the specimen should be checked as incomplete in Mandatory section below. Collecting the specimen at any of the locations below is prohibited.
  4. Label the specimen with patient full first and last name, date of birth, date and time of collection.
  5. **WITHIN 1 HOUR OF COLLECTION maintaining specimen at room temperature, drop-off the specimen to one of these three locations only: (NOTE: Main lab @ Riverside is preferred location).**
    1. **MAIN LABORATORY** @ Ascension St. Vincent's Medical Center Riverside campus @ ER Entrance @ 1 Shircliff Way. *Hours: 6:30am – 1:00pm ONLY M-F\**
    2. **DILLON Building** @ Consolidated Laboratory/Ascension St. Vincent's Riverside campus @ 3 Shircliff Way, Suite 104. *Hours: 6:30am – 12:30 ONLY M-F\* SELF-PAY patients must go to Dillon Building to drop off specimen and pay. Dillon staff will walk specimen to lab.*
  6. Complete mandatory question section below. Bring this completed form to the drop-off location with you along with the specimen and the test request order from your physician office. This instruction form cannot be used as a physician test order.

**MANDATORY QUESTION SECTION TO BE COMPLETED by patient prior to dropping off specimen**

Number of Abstinence Days \_\_\_\_\_ Collection Method:  Masturbation  Other \_\_\_\_\_

Specimen Collect Date: \_\_\_\_\_ Specimen Collect Time: \_\_\_\_\_

Specimen Collection:  Glass  Plastic Ejaculate:  Complete  Incomplete/ Spilled

Specimen Temperature:  Normal Temperature  Extreme Temperature

**REGISTERING the PATIENT:**

- Register all patients by following insurance/self-pay procedures otherwise directed on the requisition.