



## Patient Instructions for Semen Collection

You must call CMC Laboratory at 603.663.8031 to make an appointment to drop off your specimen. **This document is not an order. An order from the provider must be present with the specimen.**

In order for the laboratory to provide the most accurate results for your test a number of requirements must be met. If not, results may be limited or a repeat test may have to be ordered.

1. A period of abstinence of from 2 to 7 days is to be observed before the specimen is collected.

Note: This includes all forms of sexual activity that results in ejaculation.

2. In order to make sure a technologist will be available to perform the necessary tests on your specimen, **you must call the laboratory at 603.663.8031 to set up an appointment.** This needs to be done several days in advance.

**Appointments may be scheduled on Mondays thru Fridays from 8 AM–1 PM.**

3. The specimen is to be produced by masturbation. No lubricant, including saliva, may be used.

4. The *entire* ejaculate must be collected in a *clean* screw-cap container, preferably one provided by the doctor’s office or the laboratory—to make certain that there is no residue of possible spermicidal materials (soap or detergent, for example) in or on the interior surface of the container. Because most condoms contain spermicidal chemicals, their use for this purpose is discouraged. NOTE: If a semen culture is also being ordered, the container must be *sterile*.

5. The container must contain your name, and date and time of collection.

6. The specimen must be delivered to the laboratory quickly, so that technologists can begin testing operations *within one hour of production*. The container may be carried within a zip-lock bag. **Your physician will advise you to arrange an appointment time to deliver the specimen to the lab.** Temperature extremes during transit must be avoided. Patients should carry the container close to their person, preferably inside a shirt or pocket, especially during cold weather. Specimens must be delivered **directly to the Main Laboratory on Level A.** It must be accompanied with this questionnaire, and an outpatient requisition/doctor’s order for the test and patient insurance information.

7. **Appointments must be made in advance at the following number 603.663.8031.** Directions to the lab will be given to the patient at the time the appointment is made.

## Specimen Information

Patient name: \_\_\_\_\_

Ordering physician: \_\_\_\_\_

Date of collection: \_\_\_\_\_ Time of collection: \_\_\_\_\_

Days of abstinence prior to collection: \_\_\_\_\_

*please circle*

**Post Vasectomy**

**No**

Collected by masturbation?

Yes

No

Does the cup contain the entire specimen?

Yes

No

Was the specimen kept warm during transport?

Yes

No

Date and time received in laboratory: \_\_\_\_\_ Received by: \_\_\_\_\_