

## PATIENT INSTRUCTIONS FOR COLLECTION OF SEMEN SPECIMENS

### GENERAL INSTRUCTIONS:

1. Obtain a container from the Laboratory or your physician's office that is provided by the BRMC Laboratory.
2. Specimen should be collected following at least a 48 hour abstinence period, but not more than 7 days.
3. Specimens should be obtained by masturbation without lubricants.
4. The specimen may be collected into a clean wide mouth plastic or glass container ***but NOT in a condom.***
5. The entire ejaculate must be sent to the Laboratory. If the entire specimen is not sent, the specimen is not acceptable.
6. Please note the time of collection on the **Patient Information Form** below. Please make sure your specimen container is labeled with your name. This can be written on the plastic containers with a marker pen.
7. Please note the days of abstinence on the **Patient Information Form** below.
8. **The specimen must be brought to the lab within ONE HOUR of collection. The specimen must be brought to the lab Monday-Friday, except holidays, from 8am to 1pm ONLY.**
9. Please try to keep the specimen at near body temperature as much as possible.
10. If there are any problems with the collection of the specimen or delay in transport to the Laboratory, please note in the space provided below. (specimen must be labeled with Patient Name and Date of Birth)
11. The Laboratory will note the time of the receipt of the specimen.

### SEMEN ANALYSIS PATIENT INFORMATION FORM:

Please provide the following information with the semen analysis specimen. **ALL INFORMATION MUST BE COMPLETED:**

Patient's name: \_\_\_\_\_

Number of Days of abstinence \_\_\_\_\_

Date and Time specimen collected \_\_\_\_\_

Was the specimen collected by masturbation without lubricants? Yes  No

Was the specimen collected in a glass or plastic container and ***NOT*** in a condom? Yes  No

Please note any problems with the collection of the specimen or transport of the specimen to the Laboratory (such as delays, etc.) \_\_\_\_\_

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

Time of Receipt in the Laboratory: (**Lab Use Only**) \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS COLLECTION PROCEDURE, PLEASE CALL THE BROWNWOOD REGIONAL MEDICAL CENTER LABORATORY HEMATOLOGY DEPARTMENT AT (325) 649-3114.**