

## **INSTRUCTIONS FOR THE COLLECTION OF SEMEN SPECIMENS FOR SEMEN ANALYSIS**

Your doctor has requested that the following test be completed. To perform an accurate test, you must follow these instructions carefully.

### **1. Testing Availability:**

**It is necessary to call the lab at 603-663-3555 to schedule the test in advance.**

- All samples must be brought to the Elliot Hospital, Laboratory Client Services Department on the ground level of **the main hospital.**
- The laboratory schedules and accepts semen specimens strictly Monday through Friday from **6:30 to 11:30 AM.**
- This testing is not done on weekends, holidays, or hours other than those specified. **Note: The laboratory will only accept specimens that have a scheduled appointment.**

### **2. Specimen Collection:**

- The specimen should be obtained by masturbating directly into a sterile container provided by your doctor's office or from an Elliot Laboratory Draw Station. The entire ejaculate must be collected.
- Do not ejaculate into a condom, engage in sexual intercourse, or use soap or lubricant to provide the semen specimen. This will cause the specimen to be rejected and the process will need to be repeated after a minimum of 2 days.
- You should avoid hot tubes, saunas, and whirlpools for 2 weeks prior to the test.

### **3. Period of Abstinence:**

- You should abstain from any sexual activity for a minimum 2 days prior to the test, but no longer than 5 days prior to the test. If the period of abstinence is not within the above guidelines, the specimen may be rejected.

### **4. Specimen Transport:**

- The specimen should be maintained at or near body temperature by keeping the specimen close to your body.
- Deliver to the laboratory within 1 hour after collection.
- Please label the container with your name, date of birth, and date and time of collection.  
Note: Unlabeled specimens will be rejected.

### **PLEASE COMPLETE THE FOLLOWING FORM, WHICH MUST ACCOMPANY THE SPECIMEN:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Wife/Partner's Name: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Days of No Sexual Activity: \_\_\_\_\_  
Date and Time of Specimen Collection: \_\_\_\_\_  
Method of Collection: Masturbation (Yes): \_\_\_\_\_ Other: \_\_\_\_\_  
Was any specimen lost in the collection? (Yes): \_\_\_\_\_ (No): \_\_\_\_\_  
If yes, which portion was lost? Beginning: \_\_\_\_\_ End: \_\_\_\_\_