



# SEMEN ANALYSIS COLLECTION INSTRUCTIONS

Your physician or nurse should have provided you with a kit for this testing. The kit should include: Plastic specimen cup, a sterile plastic conical tube, a lab request form, and this specimen collection/verification form. Kits may also be obtained at and must be delivered to the address below:

**Bozeman Health Outreach Laboratory  
120 N. 19<sup>th</sup>, Suite D  
Bozeman, Montana 59715**

Please review before collecting your specimen:

- The specimen may be collected at home, but must be delivered to Bozeman Health Outreach Laboratory at 120 N. 19<sup>th</sup> Suite D within 30 minutes of collection. You also have the option of collecting the specimen on-site at the laboratory.
- **Please call the laboratory at (406)-414-4600 to schedule an on-site collection.**
- If this specimen is for insemination, a photo ID is required.
- Testing Hours: 7:30 a.m. to 3:30 p.m. Monday through Friday.

### **Collection Preparation and Instructions:**

1. Abstain from sexual intercourse or masturbation for 2-5 days or as specified by your physician. If your physician specified a different abstinence time other than the above recommendation, please specify this in the deviations below.
2. Write your name, date of birth, and collection time on the collection container provided in the kit.
3. The best method of collection is by masturbation. **Avoid lubricants.** Do **not** use a condom to collect specimen. Try to collect the **entire** specimen in the cup. Pour the specimen into the sterile conical tube provided.
4. **Maintain the sample at body temperature by keeping it next to your skin during transport.**
5. Fill in **all** patient information below.
6. Write the time you collected the specimen in the designated area below.
7. Deliver the specimen and lab requisition with this form to the address listed above within 30 minutes of collection.

**Patient Information:** All fields below must be filled out completely. Submit this form with the collected specimen.

Method of collection:  Masturbation  Other method (specify method): \_\_\_\_\_

# Days abstinence prior to collecting the specimen: \_\_\_\_\_

Were there any collection problems, such as incomplete specimen, etc.? If yes, please explain.

No  Yes \_\_\_\_\_

Time specimen was collected: \_\_\_\_\_ AM PM (circle one)

Collection Verification Statement: I verify that the above "collection instructions" have been followed. If there is any deviation from the instructions, I have written those deviations below.

Deviations: \_\_\_\_\_

Patient signature (required): \_\_\_\_\_ Date: \_\_\_\_\_