



**SEMEN ANALYSIS INSTRUCTIONS**

**How do I request Semen Analysis?**

This procedure must be scheduled in advance. We must have a physician’s order to perform the test, preferably by fax (907-212-3632). Patients may call the laboratory to schedule a date and time (see below for available times). The phone number for the laboratory is 907-212-3631.

**When is the test performed?**

Semen Analysis: Tuesdays, Wednesdays, and Thursdays at 8:00 AM and 9:00 AM by appointment only.

**Note: No holidays.**

**Do I have to abstain from sex? If so, for how long?**

Yes, for a period of 2 – 5 days but not longer than 5 days. Abstaining from sex (including masturbation) for this period of time will give a better specimen.

**Where and how do I collect the specimen?**

The method of collection is masturbation into a clean, dry, wide mouth, hard plastic container. Care must be taken to include the entire specimen. Loss of the first portion of the ejaculate may result in decreased sperm counts as this fraction contains the highest concentration of sperm. Specimen cups (urine cups) may be picked up in the doctor’s office or at the laboratory. Specimens collected in condoms will not be accepted. Lubricants and other contaminating materials must not be used. Samples may be collected at the hospital or somewhere near there, such that the sample can be delivered to the laboratory within 30 minutes of collection.

**How do I transport the specimen to the laboratory? (If not collecting the specimen in the laboratory.)**

Keep the specimen container in an inside pocket of your clothing or holding it against the body with undergarments.

If you have any questions regarding this test, the pricing, or location of the laboratory, please call the lab at **907-212-3631**.

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Please fill out this form and bring it with you when you drop off the sample.

Patient (donor) Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co/Patient if applicable: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Date and time of collection: \_\_\_\_\_ Time received in lab: \_\_\_\_\_
2. Days of abstinence: \_\_\_\_\_
3. Transportation problems: Yes or No (If yes, please indicate the problem)  
Cold weather \_\_\_\_\_ Traffic delays \_\_\_\_\_ Other \_\_\_\_\_
4. Collection problems: Yes or No (If yes, please indicate the problem.)  
Incomplete specimen \_\_\_\_\_ Other \_\_\_\_\_