



1221 S Gear Ave  
W. Burlington, IA 52655

## **Semen Analysis Collection Instructions and Questionnaire**

**Specimens for post vasectomy testing will be accepted Monday through Friday from 8:00 am – 5:00 pm.**

**Specimens for fertility testing will be accepted Monday through Thursday from 8:00am to 1:00pm.**

***Please note that specimens for fertility testing WILL NOT be accepted the day before or the day of a holiday***

### **Collection Instructions**

*Patient' should abstain from sexual activity for 2 to 7 days prior to specimen collection.*

1. Label the container with the following information:
  - a. Patients first and last name.
  - b. Date of collection.
  - c. Time of collection.
  - d. Physician
2. Wash hands and genital area with soap.
3. Rinse thoroughly (soap is spermicidal).
4. Open the container.
5. Masturbate to ejaculation.
6. Deposit all of the ejaculate into the container without touching the inside of the container.
7. Tightly cap the container and place upright in bag. **Keep the specimen at body or room temperature.**

**Deliver the specimen and the questionnaire to the Outpatient Registration Area of GRMC within 45 MINUTES of collection.**



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**Collection Questionnaire**

*Please indicate specimen type below:*

*Post Vasectomy* \_\_\_\_\_

*Fertility Testing* \_\_\_\_\_

1. Number of days since last ejaculation: \_\_\_\_\_

2. Was lubricant used during the collection process? (Not recommended) \_\_\_ Yes \_\_\_ No

If yes, name of lubricant: \_\_\_\_\_

3. Method of collection:  
Masturbation (recommended) \_\_\_\_\_  
Other (describe) \_\_\_\_\_

4. Did any portion of ejaculate miss the container?  
\_\_\_ Yes \_\_\_ No

If yes, the missed portion is from the:

- a. First part of the ejaculation \_\_\_\_\_
- b. Second part of the ejaculation \_\_\_\_\_

5. Was semen protected from cold temperature during transport? \_\_\_ Yes \_\_\_ No

**Patient Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Specimen Collection Date:** \_\_\_\_\_

**Specimen Collection Time:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

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**Laboratory use only:**

Volume: \_\_\_\_\_

None Seen: \_\_\_\_\_

PH: \_\_\_\_\_

Present: \_\_\_\_\_

Appearance: \_\_\_\_\_

Non Motile: \_\_\_\_\_

Viscosity: \_\_\_\_\_

Motile: \_\_\_\_\_