SEMEN COLLECTION PATIENT INSTRUCTIONS

Please read the complete instructions and test information prior to collecting your sample. To ensure the most accurate results it is important to follow the collection, handling and appointment scheduling instructions listed below.

If the specimen is received more than 1 hour after collection or if the patient was not sexually abstinent from 2 - 7 days, the patient will be asked to collect another sample and reschedule their appointment.

SEMEN ANALYSIS – by appointment only
Semen Analysis testing is performed Monday through Friday (Except on Holidays) between the hours of 09:00 am and 2:00 pm by appointment only. The Patient should schedule an appointment by contacting the Kalispell Regional Medical Center Laboratory, 406-752-1737, and ask for the Hematology department.

SPERM WASH for IUI – by appointment only
A Sperm Wash (IUI) is performed Monday through Sunday (including holidays) between the hours of 12:00 noon to 2:00 pm by appointment only. The Doctor’s Office should schedule the appointment one day prior to the requested appointment day. Duration of the testing is 1 to 1.5 hours.

POST VASECTOMY CHECK – no appointment is necessary
Post Vasectomy testing can be performed Monday through Sunday without an appointment. Post Vasectomy samples should be collected after 6-8 weeks and/or a minimum of 20 ejaculations following the vasectomy.

Specimen Collection and Handling Instructions:
1. Refrain from sexual activity 2 - 7 days before collecting a semen specimen; 3 days is optimal.
2. Collect a complete semen specimen by masturbation into a clean, sterile container or by using the Hy-gene Seminal Fluid Collection Kit. Do not use ordinary condoms or lubricants.
3. Label the sample container with: Full Legal Name, Date of Birth, Date and Time of collection.
4. Avoid exposing the specimen to extremes of hot or cold temperatures. Keep the specimen at body temperature by storing in an inside pocket or under a coat, and deliver to the laboratory at the hospital within 30 minutes of collection. Do not transport in a bag.
5. If you prefer to collect the sample after arriving at the lab, a private room will be made available upon request.
6. Deliver the labeled specimen, collection form and a copy of Doctor’s Orders directly to the Kalispell Regional Medical Center Laboratory, 310 Sunnyview Lane, Kalispell, MT 59901.

Please completely fill out prior to your visit:

Patient name: ______________________________ Date of Birth: ______________________________
Date Collected: ______________________________ Time Collected: ______________________________
Days of Abstinence: __________
Patient Phone Number (for Sperm Washes only): ______________________________
Physician: ______________________________
Method of Collection: ☐ Masturbation ☐ Other (explain): ______________________________
Collection Problems: ______________________________
Transport Concerns: ______________________________