

**Patient Collection Instructions**  
**SEMEN ANALYSIS- POST VASECTOMY**



**Patient:** Please read this instruction sheet. If you have any additional questions about collection of your sample, please call 317-776-7379. After hours, please call (317) 776-7241.

**Why do I need these instructions?**

Your physician has ordered a test that requires a semen sample. Following these instructions will help ensure the accuracy of the test.

**Where do I need to collect my sample?**

The sample can be obtained at home.

**What do I need to collect this sample?**

A sterile container provided by the physician or laboratory. Information on form below must be completed and returned with sample.

**Is there anything I need to know before I collect this sample?**

The specimen must not be collected until two months after the vasectomy unless the physician specifies otherwise. There should be no ejaculation for one-day prior to specimen collection unless the physician specifies otherwise. You will need to provide the number of days you abstained below.

**How do I collect this sample?**

Label the specimen container with your name, date of birth and the date/time of collection. Acceptable methods of collection include masturbation, interruptus coitus (i.e. withdrawal), coitus with sheath/condom (do not submit condom), use of sheath/condom or collection device. You will need to inform the lab of which method on the form below.

**Where do I take the sample?**

- The sample must be delivered to the Laboratory within 60 minutes (1 hour) of collection. A sample received more than two hours after collection would be cause for rejection.
- **The specimen should be taken directly to the Outpatient Laboratory during normal hours Mon-Fri 7am – 6 pm and Saturday 7am – 12pm.** You then will be asked to go to Outpatient Registration to register.
- Maintain the semen specimen at a temperature as close to body temperature as possible. A specimen placed next to the body during transport usually ensures acceptability.

**Complete the following information:**

**Patient name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date of collection:** \_\_\_\_\_ **Time of Collection:** \_\_\_\_\_

**Length of Abstinence:**

*Circle one:*                      1 day                      3 days                      <3 days                      >7 days

**Method:**       Masturbation                       Coitus with sheath       Interrupted coitus  
 Sheath/collection device                       Other: \_\_\_\_\_