

SEMEN ANALYSIS SPECIMEN COLLECTION / VERIFICATION FORM

TO THE PATIENT:

Your physician has requested a semen analysis.

The specimen may be collected at home, but must be delivered to Avera McKennan Laboratory. See specific instructions below.

Your physician or nurse has provided you with a kit for this testing. The kit should include:

- Sterile plastic specimen cup Specimen transport zip lock bag
- Lab request form and this specimen collection/verification form

Complete the “patient information” section on the lab request form.

Sign the Collection Verification Statement below after the specimen has been collected.

Collection Instructions:

The specimen and paperwork must be delivered to the lab shortly after collection (see below).

Delivery must be between the hours of 8:00 A.M. and noon Monday through Friday.

1. Abstain from sexual intercourse or masturbation for 72 hours prior to collection.
2. Write your name and date of birth on the specimen cup provided in the kit.
3. Best method of collection is by masturbation. Do **not** use a condom to collect specimen.
4. Collect the **entire** specimen.
5. Write the collection time on the lab request form and on the specimen cup.
6. Place the specimen cup in the zip lock bag provided in kit.
7. Sign the “collection verification statement” below.
8. Place the completed Lab Request Form AND this Specimen Verification Form in the front pocket of the zip lock bag with the specimen. If you have a copy of your physician order, include this also.
9. For optimum results, the specimen must be brought to the lab **within 30 minutes** of collection. Avera McKennan Laboratory is located on the third floor of the Avera Doctors Plaza 2 building at 1100 E 21st St. The specimen can be delivered to the lab Monday-Friday between 8:00 and noon.
10. **Keep specimen warm by carrying in an inside pocket or by holding specimen against the body.**

If you have any questions, please call Client Services at 800-560-4846 or 605-322-7187 between 7:30 AM and 5:00 PM Monday-Friday.

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

(This signed form must be filed in Hematology)