PATIENT INSTRUCTIONS  
for  
COMPLETE SEMEN ANALYSIS  

IMPORTANT: Please read instructions prior to collecting your sample.

Refrain from sexual activity at least 2 days but not more than 7 days before collecting a semen specimen. Three days of sexual abstinence is optimal for fertility exam.

Collect a complete semen specimen by masturbation into a clean, sterile container obtained from your physician or laboratory. The preferred container is the Starplex® 90mL Specimen Container. Lubricants may not be used as they will interfere with the test. Condoms are not acceptable.

Label the container with your first and last name, date of birth, and the date and time of collection.

Keep the specimen at room temperature or body temperature by storing it in an inside pocket or under a coat, and deliver it to the laboratory within 1 hour of collection. Avoid exposing the specimen to extremes of hot or cold temperatures because temperature affects the accuracy of sperm motility testing, which is a very important part of the fertility exam.

If you prefer to collect the specimen after arrival in the lab, a restroom is available.

Deliver the specimen with your doctor’s order, and the form below to the laboratory at any of the following locations during their posted hours.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence St. Vincent</td>
<td>9505 SW Barnes Road</td>
<td>7:00 AM – 6:00 PM</td>
</tr>
<tr>
<td>Providence Portland</td>
<td>4805 NE Glisan Street</td>
<td>7:00 AM – 6:00 PM</td>
</tr>
<tr>
<td>Providence Milwaukie</td>
<td>10150 SE 32nd Avenue</td>
<td>7:00 AM – 5:00 PM M-F</td>
</tr>
<tr>
<td>Providence Hood River</td>
<td>810 12th Street</td>
<td>7:00 AM – 3:00 PM M-F</td>
</tr>
</tbody>
</table>

TELEPHONE NUMBER FOR ALL LABS: 503-215-6555 or Toll Free 866-674-7990

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COMPLETE THE FORM BELOW—SEND IT TO THE LAB WITH YOUR SPECIMEN

NAME (Last name, First Name) ___________________________ DOB ________________

DATE & TIME COLLECTED ____________________ DAYS OF ABSTINENCE _______________

WAS SAMPLE PROTECTED AGAINST EXTREME TEMPS DURING TRANSPORT TO LAB? ___YES  ___NO

WAS THE SAMPLE COMPLETE (ALL EJACULATE CAPTURED IN CONTAINER)? ___YES ___NO

WAS THE SAMPLE COLLECTED BY MANUAL MASTURBATION? ___YES ___NO

If the answer is "No", please indicate method of collection. _______________________

SPECIMEN COLLECTION LOCATION? ___HOME ___LAB

TO BE COMPLETED BY LAB STAFF: DATE & TIME SPECIMEN RECEIVED_______________

SPECIMEN AT 20°C to 37°C? ___YES ___NO

PROPER CONTAINER USED (i.e. Sterile specimen cup)? ___YES ___NO

Notify the technologist immediately upon receipt.