Complete Semen Analysis Collection
Instructions for Patients

Patient Preparation:
• Refrain from sexual activity at least 2 days but not more than 7 days before collecting a semen specimen
  o Three days of sexual abstinence is optimal for fertility exam
• Label the container with your first and last name, date of birth, and the date and time of collection

Sample Collection:
• Collect a complete semen specimen by masturbation into a clean, sterile container obtained from your physician or laboratory
  o Lubricants may not be used as they will interfere with the test
  o Condoms are not acceptable
• 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
  o 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
  
  **Note:** 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>9205 SW Barnes Road Portland, OR 97225</td>
<td>7:00AM – 6:00PM</td>
</tr>
<tr>
<td>Providence Portland</td>
<td>4805 NE Glisan Street Portland, OR 97213</td>
<td>7:00AM – 6:00PM</td>
</tr>
<tr>
<td>Providence Milwaukie</td>
<td>10150 SE 32nd Avenue Milwaukie, OR 97222</td>
<td>7:00AM – 5:00PM M-F</td>
</tr>
</tbody>
</table>

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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 _______ days
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