



## PATIENT INSTRUCTIONS FOR FERTILITY SEMEN SPECIMEN COLLECTION

Your semen specimen deposit must be scheduled in advance by calling **Maureen Clark, CLS** of the Urology Lab at **434-924-2603** or **800-251-3627 Ext 42603**.

Your specimen can be brought to the Urology Clinic only if it

1. Can be in the laboratory within one hour of collection and
2. Is kept at room temperature.

It is suggested, however, that you deposit the specimen while you are here for the appointment. The following guidelines are important to insure optimum conditions for semen collection:

1. Patients should refrain from any sexual activity for **48 hours** before collecting semen samples.
2. Because sperm are very sensitive to temperature changes that might be encountered during transport, the best place to collect the specimen is here in the Urology Department. We have a private room available for collection.
3. The specimen must be collected by masturbation directly into the container provided. Avoid use of lubricants as they are toxic to sperm. It is important to collect one entire specimen and it is critical that you notify the lab if any of the semen was lost.
4. If you choose to collect the specimen at home, it **MUST** be collected in a clean specimen container with a secure lid [such as one with a screw-on cap]. **DO NOT BRING THE SPECIMEN IN A BAG, CONDOM, etc.**

Please fill out the following information and return this ENTIRE sheet with your semen specimen.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ (or stickie here)

Date of Birth: \_\_\_\_\_

Name of Wife/Partner: \_\_\_\_\_ History # of Wife/Partner: \_\_\_\_\_

If you were referred by a doctor outside of the Department of Urology, please fill in the following blanks:

Referring MD: \_\_\_\_\_ Fax #: \_\_\_\_\_

Length of sexual abstinence: \_\_\_\_ days \_\_\_\_ hours

**Time of specimen collection:** \_\_\_\_\_ **Was entire specimen collected?:** Yes No

Were there any problems with the specimen (example: The specimen was not kept at room temperature, etc)?

If yes, please explain: \_\_\_\_\_

5. The test results will be sent to your physician and will be discussed with you at the time of your next appointment or you may contact your physician directly for the results. Please **do not** call the Urology Laboratory for your test results.
6. If your insurance company requires an authorization number and/or a referral letter from your family/primary care physician, please make sure you have this taken care of **before** you come in for your appointment.

Please note: **Dr. Stuart Howards / Dr. Raymond Costabile (CIRCLE ONE)** is the urologist's name for the referral.

Thank you.

