

# Semen Collection Instructions

An integral part of the infertility evaluation of a couple is the examination of the male's semen. The semen analysis is an accurate measurement of the number of sperm, their motility, an estimate of their normal structure and other important parameters. Sperm count is the number of sperm per milliliter, normal is greater than 20 million per milliliter. Motility is the percentage of sperm moving in the sample, normal is greater than 50 percent. Morphology is the percentage of sperm that appear normal in shape, depending on criteria used; normal is greater than 15 to 30 percent. The information gained from the semen analysis is essential for the proper evaluation of the male partner. This test is done by appointment only. Please call to make an appointment at (810) 227-3232.

The laboratory provides magazines and videos to help with collection and you may also bring your own materials. Partners are welcomed in our collection room as well. Please bring photo identification and Andrology Laboratory form to your appointment.

The quality of the specimen you produce for analysis and/or insemination will be better maintained by carefully following these instructions.

1. Refrain from ejaculation for a period of 2-5 days prior to the semen analysis. A longer period of abstinence than suggested may be detrimental to the analysis. Any period less than 2 days may result in a less than optimal analysis.
2. Wash your hands and penis with warm water. Rinse and dry with a clean towel.
3. If able, urinate prior to semen collection.
4. Use the sterile specimen container that we provide. The container should be labeled with your name, your partner's name, and the date and time when the specimen was collected.
5. Avoid contamination of the inside of the container by removing the lid only when you are ready to collect the specimen and safely secure the lid immediately afterwards.
6. Collect the specimen by masturbation. Do not use soaps, gel, lotion, lubricants or saliva as these can be toxic to sperm.
7. Ejaculate directly into the sterile container. The entire ejaculate should be collected. Please inform the laboratory if you have accidentally lost part of the specimen by noting which part (beginning, middle or end of ejaculate) was lost on the Andrology Laboratory form.
8. Initial and date the label sticker enclosed in your collection kit. Place the label over the rim of the specimen container lid.
9. Place the specimen container into the biohazard bag provided. Seal the bag.
10. Keep the container upright while transporting it. Specimen should be dropped off at the specified appointment time, andrology technologists will be waiting to analyze the specimen. You must deliver the specimen to the laboratory within one hour of collection. We recommend the container be carried in an inside pocket next to your body to maintain the temperature of the specimen. **DO NOT** use artificial means to keep the specimen warm.

# Gago Center for Fertility/Gago IVF

## Andrology Laboratory Collection Sheet

Write your full name on the specimen cup provided to you. Wash your hands and penis before collecting the specimen. Do not use soaps, gel, lotion, lubricants or saliva. Collect the entire specimen in the container provided.

Please complete the following information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Wife/Partner's Name: \_\_\_\_\_

Date of last Ejaculation: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_  
(not including today)

**Time of Collection:** \_\_\_\_\_ Method: \_\_\_ Masturbation \_\_\_ Condom

Was the entire specimen collected? \_\_\_ Yes \_\_\_ No

If NO, which part was lost? \_\_\_ First \_\_\_ Middle \_\_\_ Last

Problems with collection: \_\_\_\_\_

Did you collect specimen in cup provided by clinic? Yes \_\_\_ No \_\_\_

Any medication within the past three months? Yes \_\_\_ No \_\_\_

Name of medication: \_\_\_\_\_

Any illness within the last three months? Yes \_\_\_ No \_\_\_

I give permission for my spouse/partner \_\_\_\_\_ to receive my test results on my behalf. I accept full responsibility that the sample provided is that of myself/spouse/partner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lab Use Only:\*\*\*\*\***

Date received in lab: \_\_\_\_\_ Time received in lab \_\_\_\_\_ Receiving tech: \_\_\_\_\_

Andrology Lab#: \_\_\_\_\_ Cryo # \_\_\_\_\_ Acquired for: SA \_\_\_\_\_ IUI \_\_\_\_\_ Sperm Cryo \_\_\_\_\_

Patient identification checked and sample received by: \_\_\_\_\_ Processing Tech: \_\_\_\_\_

Specimen # \_\_\_\_\_ Patient MR # \_\_\_\_\_