

FERTILITY MEDICAL LABS, LTD.
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SEMEN ANALYSIS INSTRUCTIONS

(Please reference the Women's Clinic, Ltd. form on Male Infertility for a complete description of this analysis.)

1. Please collect the semen specimen 48 to 72 hours after the last ejaculation. An interval shorter than this may cause the count to be artificially low. A longer period of abstinence can also give inappropriate information. (Ex. If last ejaculation Monday - collect specimen Thursday or Friday)
2. The specimen is obtained through masturbation into a sterile specimen container that can be obtained from the office. Please use the following procedure in production of the specimen:
 - a. The penis should be thoroughly cleansed with soap and water and dried completely.
 - b. Urinate first in order to clear the urethra of any bacteria that may contaminate the specimen.
 - c. Do not use any type of lubrication, i.e. KY jelly, saliva, etc.
 - d. Ejaculate into the specimen cup and tighten the lid of the cup.
 - e. Label the specimen cup with male patient's name, date of birth, and date.
 - f. If the specimen is produced at home, tighten lid, wrap the specimen cup securely with aluminum foil and maintain the cup in an upright position during transport to the laboratory. Extreme temperature fluctuations can be avoided by keeping the specimen cup close to your body. Do NOT refrigerate the specimen and do NOT place on or near a heat source.
3. The specimen should be brought to Fertility Medical Labs at Women's Clinic, Ltd. It should be received as quickly as possible but certainly within 1 hour of collection. Private facilities are available at Women's Clinic, Ltd. for production of the specimen.
4. If religious beliefs prevent masturbation, the semen may be obtained through intercourse using a special collection kit. Standard latex or rubber condoms inactivate the sperm, making the test useless. Speak with the office if this is the case.
5. Receiving time at the laboratory is Monday through Friday from 7:30am to 3:30pm for a standard semen analysis. If your physician has requested an Immunobead test (IBT) for antisperm antibodies, receiving time is TUESDAY ONLY from 7:30am to 12noon. IBT specimens will be accepted only during these hours.
6. To ensure proper processing of the specimen, please complete the following information and attach a copy of the insurance card for whom the test is being performed:

To Be Completed by the Patient:

Name _____ Date of Birth _____ Partner's Name _____

Address _____ City, State, Zip Code _____

Phone (H) _____ (W) _____ (C) _____ Soc. Sec. _____

Date & Time Collected _____ COMPLETE or PARTIAL Collection Date of last ejaculation _____
(Check one) (not today)

Was your specimen collected at Women's Clinic, Ltd? _____

I attest that the patient listed above provided the semen specimen submitted for analysis today.

I attest that I understand my financial obligation to Fertility Medical Labs for the services provided today. I also understand that if a third-party laboratory is required to perform additional services (cultures), beyond the scope of Fertility Medical Labs, I am responsible for the charges generated by the third-party laboratory.

Printed Name

Signature

To Be Completed by Ordering Physician:

Requesting Physician _____ Referring Physician _____

Test(s) Requested: Semen Analysis for: FERTILITY or POST VASECTOMY (Check one)
 CULTURES IMMUNOBEAD testing (IBT) for antisperm antibodies

Patient History _____ INFERTILITY or IVF Patient (Check one)

For Office Use Only:

Paperwork Verified by _____ Date / Time _____
Received/Verified by Lab Technician _____ Date / Time _____