

## PATIENT INSTRUCTIONS

### SEMEN COLLECTION FOR FERTILITY

Specimens are accepted at the Omaha and Lincoln laboratories during the following hours:

**OMAHA:** Monday through Friday 8 a.m. to 5 p.m.  
Saturday 8 a.m. to Noon

**LINCOLN:** Monday through Friday 8 a.m. to 3 p.m.

#### COLLECTION:

**Note:** The laboratories have limited facilities for "on site" collection. Deliver the specimen to the laboratory within 30 minutes of collection. Specimen containers and paperwork are available at your physician's office.

1. The specimen should be collected after a period of abstinence (no intercourse) from 2 to 7 days.
2. Collect semen by masturbation and ejaculate into the container provided.  
Note: If using a condom to collect:
  - a. Check label on the condom to make sure it does not contain a "spermicide" which would destroy the sperm.
  - b. Transfer entire contents into the specimen container.  
\*\*Specimens delivered in a condom will not be accepted\*\*
3. Label the container with the donor's full name, date and time of collection.  
\*\*Samples must be labeled correctly in order for testing to be performed\*\*
4. Complete the enclosed paperwork.

#### TRANSPORT:

1. The specimen must be delivered within 30 minutes of collection.
2. It is very important to keep the specimen at body temperature during transport. Avoid extreme cold or heat.

**SECTION 1: \*\*TO BE COMPLETED BY THE ORDERING PHYSICIAN\*\***

This form can be used as a requisition provided that Section 1 is completed in its entirety

**ORDERING PHYSICIAN:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_ **Doctor's Office** \_\_\_\_\_ **Insurance** \_\_\_\_\_ **Self Pay** \_\_\_\_\_

**DIAGNOSIS CODE(S)** (if billing insurance): \_\_\_\_\_

**TEST REQUESTED (check one):** SEMEN ANALYSIS: \_\_\_\_\_ POST VASECTOMY: \_\_\_\_\_

**FAX RESULTS TO:** \_\_\_\_\_ **PHYSICIAN PHONE #:** \_\_\_\_\_

**SECTION 2: \*\*TO BE COMPLETED BY THE PATIENT\*\***

**Donor's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Male) (Last, First)

**Partner's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Female) (Last, First)

Days of abstinence prior to collection: (circle one) 2 3 4 5 6 7 Other: \_\_\_\_\_

Method of collection (circle one): Masturbation During intercourse Other \_\_\_\_\_

Was a condom used for collection? (circle one) Yes No

Were lubricants used during collection? (circle one) Yes No

Was the entire sample placed in the container? (circle one) Yes No

Type of container used: (circle one) Plastic Glass

Was specimen exposed to extreme heat or cold? (circle one) Yes No

If Yes, please explain:

**Collection:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Delivered to the lab:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>BILLING INFORMATION: **REQUIRED FOR INSURANCE BILLING**</b>	
Billing address of responsible party:	_____
Insurance company name:	_____
Policy ID number:	_____
Policy group number:	_____
Name of Policy Holder:	_____