

Avera Queen of Peace Hospital
525 North Foster Mitchell, SD 57301

Semen Analysis Specimen Collection /Verification Form

To the Patient:

Your physician has requested a semen analysis.

The specimen may be collected at home, but must be delivered to Avera Queen of Peace Hospital Laboratory. **Specimens will be received and performed Monday-Friday. Testing is not performed on weekends, New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving or Christmas so specimens should not be collected the day before these holidays.** See specific instructions below.

Your physician or nurse has provided you with a kit for this testing.

The kit should include: Sterile plastic specimen cup
This specimen collection/verification form

You may also receive a written order from the physician. Please bring the order along when delivering the specimen to the laboratory. Sign the Collection Verification statement below, after the specimen has been collected.

Collection Instructions:

The specimen and paperwork must be delivered to the laboratory within 30 minutes of collection.

1. Abstain from sexual intercourse or masturbation for 2-7 days prior to collection.
2. Write name and date of birth on the specimen cup provided in the kit.
3. Best method of collection is masturbation. Do not use a condom to collect the specimen.
4. Collect the entire specimen. Report any loss of any fraction of the sample in the deviation notes below.
5. Write the collection time on the specimen cup and on this Specimen Collection/Verification Form.
6. Sign the Collection Verification Statement below.
7. Bring the specimen and completed Specimen Collection/Verification form to the laboratory. If you have a copy of your physician's order, please bring that also.
8. For optimum results, the specimen should be brought the laboratory within 30 minutes of collection.
9. **KEEP SPECIMEN WARM during transport. Carry in an inside pocket or by holding specimen against the body.**

If you have any questions, please call Avera Queen of Peace Laboratory at 605-995-2342.

Collection Verification Statement:

I verify that the above "collection instructions" have been followed. If there is any deviation from the above instructions, I have written those deviations below.

Deviation Notes:

Collection Time _____ Days of Abstinence _____

Patient's Signature (required) _____ Date of Birth _____

Date _____ Receipt in Lab Time _____



Avera Queen of Peace Laboratory

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