

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

**Post Vasectomy Specimen Semen Collection/Verification Form**

To the Patient:

Your physician has requested a post vasectomy semen analysis.

The specimen may be collected at home, but must be delivered to the Grassland Laboratory or the Avera Queen of Peace Laboratory. See specific instructions below.

**Specimens for post vasectomies will be received and testing will be performed Sunday-Saturday.**

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

The kits should include: Sterile plastic specimen cup

This post vasectomy 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.

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Collection Instructions:

**The specimen and paperwork must be delivered to the laboratory within 1 hour of collection.**

1. Abstain from sexual intercourse or masturbation for 72 hours 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 fractions of the sample in the deviation notes below.
5. Write the collection time on the specimen and cup and on this Collection/Verification Form.
6. Sign the Collection Verification Statement below.
7. Bring the specimen and completed Collection/Verification form to the laboratory.
8. **KEEP SPECIMEN WARM** during the transport. Carry in an inside pocket or by holding specimen against the body.

If you have any questions, please call Grassland Laboratory at 605-995-7061 or 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 Note:

Collection Time \_\_\_\_\_ Days of Abstinence \_\_\_\_\_

Patient's Signature (required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ Receipt in Lab Time \_\_\_\_\_



Avera Queen of Peace Laboratory

Post Vasectomy Specimen Collection Form FORM.0032

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