## A Patient's Guide to Semen Collection

Samples may be dropped off Monday through Friday between the hours of 7 a.m. to 5 p.m.

## Please follow these steps to collect a good specimen for testing:

- 1. Write your **full name and date of birth** on the provided collection cup.
- 2. Do not open the cup before you are ready to collect the semen.
- 3. Do not ejaculate for at least 2 days before collecting the sample.
- 4. Semen can be collected either by masturbation or withdrawal.
- 5. Do not collect the semen in a condom. Condoms may contain chemicals that will kill the sperm.
- 6. The entire sample should be ejaculated into the collection cup. The sample will not fill the cup.
- 7. When the sample is collected into the cup, replace the lid and tighten to prevent spills.
- 8. Place the cup into the zippered pocket of the biohazard bag and close the pocket.
- 9. Fill out the information sheet (located on the back of this form) and place into the non-zippered pocket of biohazard bag.
- 10. The sample and form should be brought to the laboratory as soon as possible. They must be delivered no later than 45 minutes after collection for fertility testing or 90 minutes for postvasectomy testing.
- 11. The container must be kept at body temperature. Carry it against your body, close to your skin. Perhaps under your arm or inside your undergarments.
- 12. The sample may be dropped off Monday through Friday between the hours of 7 a.m. to 5 p.m. at one of the two locations listed below.

**Bronson Methodist Hospital Outpatient Testing** 601 John Street South Campus, First Floor Kalamazoo, MI 49007

Laboratory phone: (269) 341-6440

**Bronson Battle Creek Laboratory** 175 College Street Battle Creek, MI 49015

Laboratory phone: (269) 969-6161

Due to the need to perform testing promptly, specimens cannot be dropped off at other locations.



## **Semen Collection Information Sheet**

The sample may be dropped off **Monday through Friday between the hours of 7 a.m. to 5 p.m**. at one of the two locations listed on previous page (front of this document).

Please complete the	following information	n and include it when you bring the sample to the laboratory:
Donor Full Name:		Date of Birth:
Partner Full Name:		Date of Birth:
Date of Sample Collection:		Time of Sample Collection:
Days since last ejaculation:		_
Method of Collection:	☐ Masturbation ☐ Withdrawal	
The last two ques	stions to be compl	eted when taking the sample to the lab.
Entire sample collected in container?		☐ Yes ☐ No
Sample exposed to extreme hot or cold?		☐ Yes ☐ No

