

# 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. See below for drop-off locations.**

**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 post-vasectomy 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 Hospital Outpatient  
Center  
300 North Ave  
Battle Creek, MI 49015

Laboratory phone:  
(269) 969-8769

**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 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: \_\_\_\_\_

Semen Sample Type:  Fertility  
 Post Vasectomy

Days since last  
ejaculation: \_\_\_\_\_

Method of  
Collection:  Masturbation  
 Withdrawal

**The last two questions to be completed when taking the sample to the lab.**

Entire sample collected in container?  Yes  
 No

Sample exposed to extreme hot or cold?  Yes  
 No