

MercyOne Siouxland Medical Center  
801 5<sup>th</sup> Street  
Sioux City, IA 51101  
MercyOne Dunes Medical Laboratories  
101 Tower Road  
Dakota Dunes, SD 57049

Mitchel D. Bauman, M.D., FCAP  
Stephanie Schutte, M.D., FCAP  
Quinn Saigh, M.D., FCAP  
Warda Ibrar, M.D., FCAP

## SEMEN ANALYSIS COLLECTION GUIDELINES AND PATIENT INFORMATION

### **\*\*Form Required for Test Performance\*\***

1. Patient is to have abstained from sexual activity for 2 to 7 days prior to testing.
2. An appropriate sterile container may be supplied by the physician's office or picked up from either the MercyOne Siouxland Medical Center hospital or MercyOne Dunes Laboratory location.
3. Wash hands and genital area and rinse thoroughly (soap kills sperm).
4. Collect semen by self-stimulation only. Do not use lotions, saliva, or a condom. Discharge the ENTIRE specimen into the container. Do not touch the inside of the container.
5. Tightly cap the container and label clearly with the patient's name.
6. For **fertility testing** bring the specimen and this form to the laboratory **within 30 minutes of collection.** Keep the specimen at body temperature. This may be accomplished by keeping it in an inside pocket or near the skin.
7. For **post-vasectomy** semen analysis, keep the specimen at body temperature as described above and bring the specimen to the lab within **1 hour.**
8. SPECIMENS FOR FERTILITY TESTING MAY BE DELIVERED TO THE LABORATORY **ONLY** ***MONDAY THROUGH THURSDAY AND NOT ON THE DAY BEFORE A HOLIDAY*** BETWEEN THE HOURS OF ***7:00 AM AND 12:00 PM.*** Samples will be accepted at either the MercyOne Siouxland Medical Center or the MercyOne Dunes Medical Laboratory location.
9. If specimen returned to the hospital laboratory, present to the Admissions department on the 1<sup>st</sup> floor so testing may be processed after the sample is dropped off in the lab. **Failure to do so will halt all testing.**

### PLEASE COMPLETE THE FOLLOWING IN ENTIRETY

1. Patient Name \_\_\_\_\_
2. Patient Address \_\_\_\_\_
3. Patient Date of Birth \_\_\_\_\_
4. Wife/Partner's Name \_\_\_\_\_
5. Physician \_\_\_\_\_
6. Collection Date and Time \_\_\_\_\_ Number of Days of Abstinence \_\_\_\_\_
7. Purpose of Analysis: (Please check reason for testing) ☐ Fertility Evaluation ☐ Post-Vasectomy
8. Was lubricant used to collect (not recommended)? ☐ Yes (Describe substance used) \_\_\_\_\_ ☐ No
9. Method of collection ☐ Masturbation (recommended) ☐ Other (describe) \_\_\_\_\_
10. Did portion of ejaculate miss container? ☐ Yes ☐ No
11. If yes, missed portion from: ☐ First part of ejaculate ☐ Second part of ejaculate
112. Was the semen protected from temperature during transport? ☐ Yes ☐ No

**For Laboratory Use Only: FHMO 101.03** (Revised 5/17/22)

***Lab Processor—Please take a copy of this form and give it back to the patient. Take the patient to 1<sup>st</sup> floor admitting.***

Date/Time of specimen receipt \_\_\_\_\_ Initials \_\_\_\_\_

Post vasectomy (Uncentrifuged specimen examined): Performing Individual \_\_\_\_\_

☐ AZO ☐ Sperm seen Average # on hemocytometer \_\_\_\_\_ Motility: ☐ Yes ☐ No