

# Virginia IVF & Andrology Center

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## Patient Instructions for Semen Collection

1. Refrain from any sexual activity including masturbation for 2-7 days.
2. The semen specimen should be collected by masturbation. Alternate methods may be discussed but are not recommended. Do not collect the specimen in a regular condom as these contain spermicidal agents that will alter the results of the analysis. A special non-toxic condom can be obtained from the lab or your physician.
3. The specimen should be collected in a container provided by this office. The use of other containers (jars, cups etc.) is not recommended as these may be toxic and kill the sperm.
4. Prior to collection make sure your hands and genitals are clean and dry. Do not use any lubricants, including saliva to collect the specimen, as many of these are toxic and will kill sperm.
5. Ejaculate one time only directly into the sterile container and avoid touching the internal sterile wall of the container. Try to get the entire ejaculate into the container.

### IF YOU ARE COLLECTING SEMEN AT HOME

- a. Bring the specimen to the office within one hour after collection. Do not expose the specimen to temperature extremes. (Do NOT refrigerate or expose to heat greater than body temperature). If you are unable to deliver the specimen to the office within the hour, a private room is available for collection of the specimen.

6. You must label the container with your **Name, SS#, Date, Time of Collection.**
7. Please complete the form below and bring it along with the specimen to the lab window.

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Name (Male): \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Dr. \_\_\_\_\_ Female Partner: \_\_\_\_\_

1. What time was the specimen collected? \_\_\_\_\_ a.m. / p.m. Date: \_\_\_\_\_
2. Was this specimen collected by masturbation? Yes \_\_\_ No \_\_\_ Specify: \_\_\_\_\_
3. Was any of the specimen lost or spilled during collection? **This is very important.** Yes \_\_\_ No \_\_\_
4. I was abstinent (did not ejaculate) for \_\_\_\_\_ days before producing this sample.
5. I verify that this sample is my /my partner's sample. Signature: \_\_\_\_\_
6. Comments:

\_\_\_\_\_  
\_\_\_\_\_

HIV Testing: According to Virginia code Section 32.1-45.1, as amended; you are deemed to have consented to testing for the human immunodeficiency virus ("HIV or AIDS"), hepatitis B and C viruses if one of our health care professionals, workers or employees should be directly exposed to your blood or body fluids in a way which may transmit disease. You are also deemed to have consented to the release of those test results to the person who was exposed. A physician or other health care provider will disclose the test results and provide counseling, if necessary.