



# Semen Analysis Specimen Collection Instructions

An appointment is required for all collections  
 Appointments are available Monday – Friday, 8:00AM - 2:00PM only at  
 the Outpatient Lab at Strong Memorial Hospital

**Please call (585) 758-0510 option 3 to schedule**

Arrival after 30 minutes of appointment time will need to be rescheduled \*  
 Nonscheduled arrivals will not be accepted \*

Patient Collection Instructions

- You should have an ejaculation 2-4 days prior to your appointment and then abstain until the day of your appointment.
- The semen specimen must be collected into a sterile specimen container (available at your doctor's office or any URMC Labs Patient Service Center). Alternately, you may use a lab provided spermicide-free condom that is not toxic to the sperm, available ONLY at the Outpatient Lab at Strong Memorial Hospital. DO NOT use lubricant or commercially available condoms since they contain spermicidal agents that will alter results. **It is the patient's responsibility to FULLY empty specimen from the condom into sterile container and discard the condom.**
- **For complete analysis appointments:** We ask that you arrive 5-10 minutes prior to your appointment. It is preferred that specimen is collected on site at the time of appointment and not in advance due to limited stability of these specimens.
- **For post-vasectomy analysis appointments:** You must deliver your specimen to the Outpatient Lab at Strong Memorial Hospital no more than 45 minutes after ejaculation. Keep the specimen as close to body temperature as possible. If you are unable to deliver the specimen in that time frame, please schedule an appointment to collect the specimen in a room provided at the Outpatient Lab.
- Results will be provided in MyChart. Please contact your doctor's office with any questions regarding your results.
- Please bring your current insurance card and ID to your appointment on DATE: \_\_\_\_\_ at TIME: \_\_\_\_\_

**Please complete the form below at the time of collection.**

**Please label your specimen with your full name, date of birth, and date/time of collection.**

Patient Name: \_\_\_\_\_

(First)

(Last)

Date of Birth: \_\_\_\_\_ MM/DD/YY

Referring Doctor: \_\_\_\_\_

1. Type of collection container:    \_\_\_ Sterile Cup                    \_\_\_ Spermicide-free condom  
(must be fully emptied into sterile cup and discard condom)

2. Time collected: \_\_\_\_\_ AM    PM

3. Was any of the specimen lost or spilled during collection? (Circle one)    YES    NO

4. Drop offs: Was the sample kept at approximate body temperature during transport? (Circle one) YES    NO    N/A

5. How many days did you abstain (did not ejaculate) before this specimen? \_\_\_\_\_

6. Method of collection:    \_\_\_ Masturbation    \_\_\_ Oral stimulation    \_\_\_ Intercourse

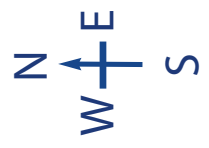
7. Is this sample a post-vasectomy collection? (Circle one)    YES                    NO                    REVERSAL



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★ **OUTPATIENT LAB 1-1345**  
 is located off lobby

→ Arrows denote route to parking and lab



-  ELEVATOR
-  PAYTELEPHONES
-  PARKING
-  RESTROOMS