

Semen Collection Information Sheet

Please read and follow the instructions carefully.

Sperm are very time and temperature sensitive, so strict adherence to the instructions below is mandatory, or there is a risk of the sample being rejected.

Post Vasectomy: It is recommended that the first post vasectomy semen sample be collected after at least 12 ejaculations and 8-16 weeks post vasectomy. Specimen **must** be received within **one (1) hour of collection** by the drop off location

Fertility Testing: Specimen **must** be received within **one (1) hour of collection** by the drop off location.

Note: Not all LifeLabs locations perform this testing. Please call our Customer Care Centre at **1-877-849-3637** to schedule a time, date and a drop-off location for your specimen.

Specimens received without appointment will be rejected.

Date and Time of Appointment and Location: _____

Collection Instruction for Seminal Fluid

- Do Not** have sex or masturbate for 48 hours before collecting the sample.
- Abstain** from sex or masturbation for no more than seven (7) days.
- Using only the container provided, produce specimen by masturbation, collecting the entire ejaculate directly into the container.

Note: Specimen containers, other than that which is provided, are unacceptable for collection and will be rejected. Do not use a sheath/condom or lubricants for collection, as they are harmful to sperm. Masturbation is the only acceptable method of collection. If a portion of the specimen is lost, the sample should be discarded and collection attempted at a later date using a new kit.
- Seal the container immediately after specimen collection; make sure that the lid is on properly and tightly.
- Clearly label the container** with your full name and date of birth or health card number.
- The specimen must be kept at body temperature by carrying it close to the body until dropped off at LifeLabs location.
- Complete the form below and take the specimen, along with this instruction sheet and OHIP requisition to the appropriate drop-off location.

Complete all the information requested below:

Choose one: <input type="checkbox"/> Post Vasectomy: Date of Vasectomy:		<input type="checkbox"/> Fertility Testing
Patient's Name (as it appears on the Health Card):		
Health Card Number or Date of Birth:		
Date of Collection:		Time of Collection:
Number of days of sexual abstinence prior to specimen collection:		
Method of Collection: <input type="checkbox"/> Masturbation <input type="checkbox"/> Other (specify):		
Collection Difficulties/Problems (refer to instructions #3) (specify):		
Transportation Issues (refer to instruction #6) (specify):		
Lab Use Only	Time of receipt:	Time of analysis: