PATIENT INSTRUCTIONS FOR COLLECTION AND TRANSPORT
OF SEMEN FOR LABORATORY ANALYSIS

Semen samples are accepted at Nebraska LabLinc Patient Service Center, 5340 South Str., Lincoln, NE Monday-Friday, 7:00 am to 5:00 pm and Saturday, 8:00 am to 12 noon.

The sample should be collected after a minimum of 48 hours but not longer than seven days of sexual abstinence.

Specimen must be delivered to the laboratory within 1 hour of collection or the motility of sperm may be decreased causing an abnormal result.

Sample must be kept close to the body for temperature stability, never refrigerated, unless sample is for count and morphology only (Post Vasectomy).

- The sample should be obtained by masturbation and ejaculated into a sterile, wide-mouthed container made of glass or plastic.
- **NOTE:** Semen collected in an ordinary latex condom or by coitus interruptus is not acceptable for evaluation. If you are unable to collect by masturbation, contact your physician to discuss and alternative collection method.
- No lubricants should be used, as these may cause interference by contaminants.
- **Entire sample** must be ejaculated into sample container.

**PREPARATION FOR COLLECTION:**
- Urinate prior to collection.
- Using warm water only, wash genital area. Do not use soap as it may kill the sperm.
- Wash hands with soap and water. Rinse thoroughly and dry.
- Remove cap from specimen cup immediately prior to collection. Avoid touching the inside of the cup or lid.

**COLLECTION:**
- Obtain the semen sample by masturbation.
- Ejaculate directly into the specimen cup (do not touch inside of cup).
- Collect the entire ejaculate.
- Replace container lid as soon as semen is collected to avoid contamination.

**FOLLOWING COLLECTION:**
- Wash hands.
- Label your container with your name, date and collection time
- Keep your sample at body temperature until given to laboratory personnel.
- Deliver your sample to the lab within 60 minutes of collection.
- Complete your patient information on this form and give to the lab along with your Doctor’s orders and insurance information if available.

**REQUIRED INFORMATION:**

NAME: _______________________________  DATE OF COLLECTION: ___/___/_____

Days of abstinence: ____________________  TIME OF COLLECTION: ___:___ am or pm

PHYSICIAN: ___________________________  WIFE’S NAME ______________________

(If applicable)

Collection or Transport problems: ________________________________________________

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