

## 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.

**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 fertility testing specimen must be kept at body temperature by carrying it close to the body until dropped off at LifeLabs location. The post vasectomy specimen can be kept at room temperature.
- 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:

<b>Choose one:</b> <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):		
<b>Lab Use Only</b>	Time of receipt:	Time of analysis: