



Michigan Center for Fertility & Women's Health

4700 Thirteen Mile Rd. Warren, MI 48092 phone (586) 576-0431 fax (586)576-0924
1455 S. Lapeer Rd., Ste 111 Lake Orion, MI 48360

FOR SEMEN ANALYSIS

An integral part of the infertility evaluation of a couple is the examination of the male partner's semen. The semen analysis is an evaluation of the concentration of sperm, motility, and an estimate of their normal structure (morphology). You must make an appointment for a semen analysis (home and office collection). Appointments are available Monday through Saturday. **Please call (586) 576-0431 to make an appointment.** You must have this form completed and a Doctor's order with you at the time of your appointment. **If you have any questions, concerns or have difficulty making your scheduled appointment time, please call (586) 576-0431 ext. 239.**

SEMEN COLLECTION FOR ANALYSIS, INSEMINATION OR IVF

The quality of the semen specimen you produce will be better maintained by carefully following these instructions. Please use the sterile specimen container that we provide.

1. Refrain from ejaculation (by masturbation or intercourse) for a period of **2-7 days prior to collection** of the specimen. Longer periods of abstinence are not beneficial and may actually be detrimental to the analysis.
2. Wash your hands and penis with soap and warm water. Rinse and dry with a fresh towel.
3. Collect the specimen by masturbation. **DO NOT use soaps, gels or lotions as these are highly toxic to sperm.** If lubrication is necessary, please ask a nurse or andrology technician for a sample of Sensual Lubricant, which is non-toxic to sperm. **Specimen collection during intercourse withdrawal or oral stimulation is not recommended. Portions of the specimen can be lost or contaminated by bacteria and falsely indicate an infection.** If it is impossible to collect a specimen by masturbation a seminal collection device for intercourse is available for a minimal purchase from our office.
4. Safely secure the top of the container. Fill out the label provided with your name, date, date of birth and time of collection. Place label on side of container. Unlabeled containers cannot be accepted.
5. **For home collected specimens:** Insert the container into the biohazard bag provided. Seal the bag. Hold the container upright while transporting it to the lab. Keep the specimen between room and body temperature by placing the container near your body during transport (example, a shirt pocket).

Please complete the following information:

Male Patient's Name: _____ Date of Birth: _____
Last First

Female Spouse/Partner's Name: _____ Date of Birth: _____
Last First

Collection Time: _____ Collection Site: MCFW _____ Home _____

Ordering Physician: Dr. Kowalczyk ___ Other ___ (Specify): _____

Was the entire specimen collected? YES NO **If NO, what part was lost/spilled?** First / Middle / Last
*spillage/loss of specimen can have a significant impact on test results and may falsely suggest a problem.

Other problems collecting? Specify: _____

Number of days of abstinence from ejaculation (by masturbation or intercourse): _____

I accept full responsibility that the sample provided is that of myself / spouse / partner.

I give my permission for my spouse/ partner to receive my test results on my behalf (*Dr. Kowalczyk's patients only*)

Signature: _____ Date: _____

LAB USE ONLY-----

Photo I.D. Checked By: _____ YES NO Specimen Received By: _____

Time specimen received in lab: _____ Tech: _____ Andrology Lab # _____

SA _____ IUI _____ IVF _____ Freeze _____