



Semen Fertility Screen Patient Instructions

To ensure accurate results please read collection instructions on page 2 before collecting sample. Samples that do not meet the collection guidelines cannot be tested.

Patient: _____ DOB: _____

Collection Date: ____/____/____ Collection Time: _____ AM / PM (circle one)

Number of days since last ejaculation: _____ days

Was complete sample collected? YES NO

Problems with collection or transportation? YES (If YES, please describe) NO

Date and time sample received in the laboratory: _____

SCHEDULE AN APPOINTMENT:

1. **Fertility Studies Must be Scheduled.** Call Legacy Laboratory Client Services at (503) 413-1234 to schedule an appointment.

APPOINTMENT DATE: _____ TIME: _____ LOCATION: _____

Laboratory hours for fertility evaluation are: Monday - Friday, 9:00 a.m. to 1:30 p.m.
Locations: Legacy Good Samaritan, Legacy Meridian Park or Legacy Mount Hood Hospitals only.

2. **Testing cannot be performed on samples brought to the laboratory without an appointment.**
3. Please fill in the information requested at the top of this form. Bring this form, the completed laboratory requisition (physician's order), and the sample (if collected at home) to the appropriate location at the above scheduled date and time.

Locations:

Legacy Laboratory Good Samaritan Medical Center
1130 N.W. 22nd Ave., Suite 360, Portland, OR 97210

Legacy Laboratory Meridian Park Medical Plaza Office Building 2
19260 SW 65th Ave, Suite 145, Tualatin, Oregon 97062

Legacy Laboratory Mount Hood Medical Office Building 4
25050 SE Stark St, Gresham, OR 97030



Semen Fertility Screen Patient Instructions Patient Instructions for Collecting a Semen Fertility Screen Sample:

To ensure accurate results please carefully read instructions below before collecting sample. Samples that do not meet the collection guidelines cannot be tested.

1. Obtain a sterile wide-mouthed container from your physician's office or the laboratory to collect the sample. **DO NOT** use a container from home. Write your full name and the collection date and time on the container.
2. Refrain from sexual activity for 48 hours but not more than seven (7) days before collecting the sample.
3. The sample may be collected at the laboratory restroom or at home. If the sample is collected at home, bring it to the laboratory **within 30 minutes** of collection. Protect the sample from extreme heat or cold. If it is hot outside, don't place the sample in front of the air conditioner in the car and if it's cold outside, carry the sample in your coat pocket.
4. Collect the complete sample by masturbation. The sperm count may be inaccurate if the complete sample is not collected because the first portion of the ejaculate contains the highest concentration of sperm.
5. **DO NOT** use withdrawal or coitus interruptus to collect the sample because vaginal fluid will contaminate the sample.
6. **DO NOT** use condoms or lubricants to collect the sample because they will contaminate the sample. Materials used to manufacture condoms and lubricants may affect the sperm count and motility.
7. If you have problems collecting the sample or if there are problems transporting the sample, please describe the problem on this form.
8. Complete the information at the top of this form. Bring this form, the laboratory requisition (physician's order), and your sample to the appropriate location on the day and time of your scheduled appointment. Please **DO NOT** bring your sample to the laboratory UNLESS you have a scheduled appointment.

Please Note: Fertility testing will **not** be performed on samples brought to the laboratory without a scheduled appointment.