

# Semen analysis form

---

Please complete this form and return it with your specimen.  
Accurate information ensures the best test results. Missing or  
incorrect details may require repeating the test.

## PATIENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

## COLLECTION DETAILS

Days of abstinence before collection: \_\_\_\_\_

Collection method (check one):

- ☐ Specimen cup  
☐ Medical Alternative Collection Device

Did you use a lubricant?

- ☐ Yes   ☐ No

If yes, describe: \_\_\_\_\_

Did any portion of the specimen miss the container?

- ☐ Yes   ☐ No

If yes, indicate which part:

- ☐ First   ☐ Middle   ☐ Last

Have you had a vasectomy?

- ☐ Yes   ☐ No

Date and time of collection

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.