

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.