

# Semen analysis

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Your doctor has ordered a semen analysis. Please read these instructions before collecting your specimen.

## BEFORE THE TEST

- Abstain from intercourse for **2–7 days** before collection.
- Pick up a sterile container or a Medical Alternative Semen Collection provided by your doctor or any MercyOne Des Moines Lab location and PSCs).
- The Medical Alternative Device allows collection during intercourse, at home, in a way that respects religious, moral, or aesthetic beliefs. Call 515-247-4439 to request this device.



**For questions about specimen delivery, call 515-247-4439.**

## COLLECTING AT HOME

Use one of these methods:

1. Wash and dry hands and genital area thoroughly. Collect the entire sample in the sterile container provided by MercyOne.
2. Use the Medical Alternative Device and follow enclosed directions.

## IMPORTANT GUIDELINES

- Do not collect before 6 a.m.
- Collect the entire specimen.
- Label the container with:
  - Name and date of birth
  - Date and time of collection
  - Physician's name
- Place the container in the resealable bag and keep close to your body for warmth.
- Complete the Semen Analysis Form on the back of this document.
- Deliver to MercyOne within 60 minutes of collection.

## BRING TO MERCYONE

- Labeled specimen
- Completed Semen Analysis Form
- Physician's order
- Insurance card / Photo ID

## DELIVERY HOURS

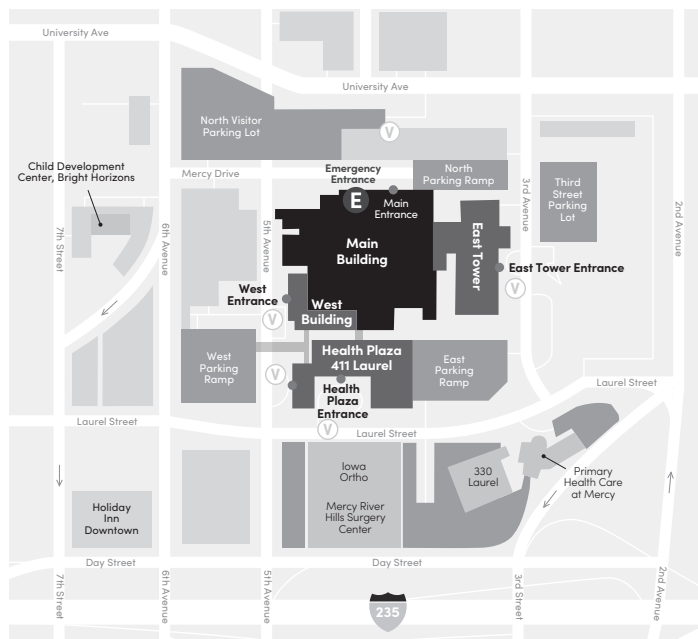
- Monday–Thursday, 6:30 a.m.–6 p.m.
- No specimens accepted Friday–Sunday, holidays or day before a holiday.

## COLLECTING AT MERCYONE

- If travel time exceeds 60 minutes, collect at MercyOne.
- Check in at Registration (Main Entrance) Mon–Thu, 8 a.m.–5 p.m.
- You'll be directed to a private room and given a sterile container.
- Wash and dry hands and genital area.
- Collect entire specimen, close lid tightly, label container.
- Complete Semen Analysis Form and return specimen to staff.

## RESULTS

Sent to your physician in 2–3 business days. For questions, contact your physician.



## DIRECTIONS

### MercyOne Des Moines Laboratory

1111 Sixth Ave., Des Moines, IA

Park in North Visitor Lot and enter through Main Entrance.  
Follow signs to Specimen Processing.

# 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.