

Semen analysis

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

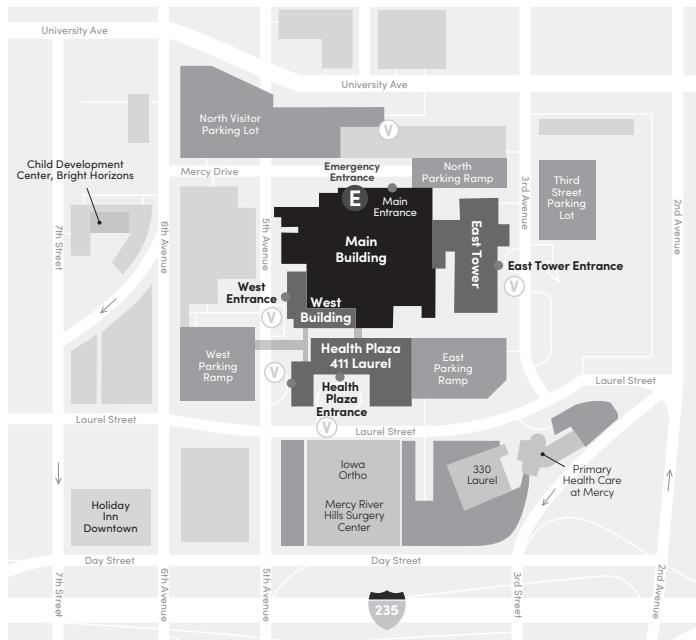
- Monday–Thursday, 6:30 a.m.–6 p.m.
- No specimens accepted Friday–Sunday, holidays or day before a holiday.

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.