

## PATIENT INFORMATION SHEET FOR THE COLLECTION AND DELIVERY OF SEMEN SAMPLE

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### METHOD OF COLLECTION:

The semen should be collected after a minimum of 48 hours but no longer than seven days of abstinence. The sample should be obtained by masturbation and ejaculated into a wide mouth clean yellow top jar/container. Label the jar with the patient's name, date of birth, referring Doctor's name, date and time of collection.

For Fertility assessment the whole sample (whole ejaculate) should be collected into the jar. If whole sample is not collected, mention it to your doctor or pathology collector.

### NOTE:

*Other methods of collection for example – interrupted intercourse or the use of lubricants or condoms should be avoided.*

*The specimen should be kept at **room temperature** (NOT REFRIGERATED) and must be delivered to Medlab Pathology at 3-5 Rawson Street (cnr Percy and Rawson St), Auburn within one hour after collection between Monday to Friday 8.30am – 5.00pm or Saturdays between 8.30am and 1.00pm.*

### TRANSPORTATION:

The sample should be protected from extremes of temperatures (less than 20 degree Celsius and more than 35 degree Celsius). Place the specimen in a specimen bag and carry on the inside of a pocket or a handbag.

The specimen must be submitted with a signed request form (given by the referring Doctor).

### NOTE:

*If a second specimen is required for testing, it must be submitted with a separate request form signed by the referring doctor. The interval between the two collections should not be before seven days and not later than three weeks.*

*If any further inquiries in relation to this collection procedure or the transportation of the sample, contact the main laboratory Customer Service Department on 1300 633 522 during working hours and ask to speak to one of the in-house collectors.*

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### COLLECTION AND SAMPLE INFORMATION:

(Please complete details in the section below)

Time of Ejaculation: \_\_\_\_\_ am/pm      Date of Ejaculation: \_\_\_\_\_

Time of Collection: \_\_\_\_\_ am/pm      Date of Collection: \_\_\_\_\_

Number of days of abstinence: \_\_\_\_\_

Please indicate if this collection is complete (*circle one only*)    **Full / Partial**    Ejaculate

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