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Patient Instructions for Collecting a Semen Specimen

1. The semen specimen should be collected by masturbation into a sterile container. Hands should be washed thoroughly before sample collection. Condoms (SCD) manufactured specifically for semen collection may be used, but most commercially available condoms contain chemicals that kill sperm cells and should not be used.
2. Semen specimens should be collected with a minimum of **2 or 3 days** (5 maximum) after last ejaculation. Samples collected after more than 5 days of abstinence may not be accepted.
3. If a portion of the ejaculate is spilled and not collected into the container, please notify the office upon arrival.
4. The specimen should be delivered to our office as soon as possible (**1 hour**, maximum) after ejaculation. The specimen should be transported within inside clothing pockets (or close to the body) to prevent cooling below 70° F or warming above body temperature.
5. Please fill out the enclosed label(s) with Name, Date, and Time of collection, and fill in the information requested below.
6. Specimens will be accepted at our **Edison** office Monday through Friday, from 7 AM to 1 PM, and at our **Cranford** and **Plainsboro** offices by appointment only. **ALL APPOINTMENTS MUST BE PRE-SCHEDULED.** These appointments must be scheduled during regular business hours (Mon-Fri, 9:00 AM-5:00 PM) For patients needing to collect their specimen on site, collection facilities are available at our Edison office in a quiet, comfortable, private room. For specific questions regarding sperm testing call 732-339-9300 (ext. 24) and ask for the **Andrology Lab**.
7. Specimens for IUI or IVF procedures will be processed 7 days a week but **must** be coordinated through the Nursing/Laboratory staff.
8. For patients referred by outside physicians, **a physician's written prescription must be presented with the specimen, including the referring physician's fax number.** The test results will be faxed to the referring doctor's office.

Please fill out the following information: Date _____ Referring Doctor _____	
Male name _____	Spouse _____
Date of birth (male) _____	# days since last ejaculation _____ Time of collection _____
Requested procedures: (circle):	
Semen Analysis Comprehensive analysis Anti-Sperm Antibody Sperm Cryopreservation IUI IVF	

OFFICE USE ONLY

Specimen received by lab tech: (signature) _____ Time: _____ (collected at) lab or home

Nursing/Office staff: (signature) _____ Time: _____

Patient verified specimen tube: (signature) _____

**MANAGED CARE PATIENTS MUST SUBMIT A VALID REFERRAL FORM(S)
 FEES ARE PAYABLE UPON PRESENTATION OF THE SEMEN SPECIMEN**