

Collection of Seminal Fluid

Patient Instructions

IMPORTANT

Seminal fluid samples must be delivered **within one hour** to the central laboratory at 19 Fullarton Road Kent Town SA 5067 between the hours of 9:00am–3:00pm Monday to Friday (excluding public holidays).

If you are unable to make this time frame, please call Client Services on 08 8366 2000 to make a booking.

Note: Delay in transportation of your sample may affect the integrity of the results and any abnormal results may require the sample to be repeated.

PROCEDURE

- Step 1** Please use the semen collection container obtained from your doctor or nearest Clinpath collection centre. Do not use any other container, as this can affect the sample integrity.
- Step 2** Before collection it is important to have ejaculated within the last 3-7 days but not within the last 48 hours. **For post-vasectomy testing only: A minimum of 20 ejaculations within a three (3) month period must have occurred prior to the collection of a sample for laboratory testing.**
- Step 3** Empty your bladder, then wash and rinse your hands and penis.
- Step 4** Collect the sample by masturbating and ejaculating directly into the collection container, ensuring all semen produced is captured by the container. Do not use condoms or lubricants as these can affect the sample integrity.
- Step 5** Replace the lid of the sample container and seal tightly. Fill in all required details on the sample container, then place into a plastic specimen bag and seal. Fill out the required details of the questionnaire below and place this form in the front pouch of the plastic specimen bag, along with your pathology request form.
- Step 6** Deliver the sample as soon as possible (one (1) hour maximum from time of collection). The sample **must be kept at body temperature** from time of collection until it is delivered to our central laboratory. This can be achieved by keeping the sample in your shirt or pant pocket.

QUESTIONNAIRE (must be completed and returned with your sample)

Full name: _____ Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Days since last ejaculation (must be 3-7 days): _____ Collection Date (dd/mm/yyyy): ____ / ____ / ____

Collection time (hh:mm): _____ : _____

Was any of the sample lost during collection (please circle): Yes / No

If yes, which portion (please circle): Start / Middle / End

INFORMATION

For any further information or questions regarding this procedure please call Client Services on **08) 8366 2000**