Patient Instructions

Semen Analysis Checklist
☐ Semen Specimen – May be collected at the WakeMed Raleigh Medical Park. If collected at another location, not on the WakeMed Campus, please see transport instructions at right (#4).
☐ Completed Physician’s Order Form (WakeMed Form # SP-017)
☐ Completed Collection Information section below

PLEASE NOTE: Instructions, locations and hours are different for Fertility and Post-Vasectomy collection. Please see #4 at right and collection locations on back.

Semen Analysis Collection and Transport Instructions
1. REFRAIN from sexual intercourse and masturbation for a period of 2 to 7 days prior to collection of the semen specimen.

2. Your physician or WakeMed Lab personnel will provide a sterile cup for collection. Print your NAME and DATE OF BIRTH on the cup.

3. Collect the complete sample by MASTURBATION in the container. Avoid the use of lubricants. Coitus interruptus (interruption stopped before ejaculation), oral collection and specimens collected in condoms are unacceptable. Write the TIME of collection on the container.

4. During transport, keep the sample protected from extreme temperatures and light.
   • Fertility – Deliver the sample WITHIN ONE (1) HOUR of collection directly to the Raleigh Medical Park Laboratory. Any delay will cause living sperm to die and give an inaccurate assessment of the semen.
   • Post-Vasectomy – Deliver the sample WITHIN TWO (2) HOURS of collection directly to the laboratory of choice.

5. Complete the collection information form below.

6. Submit your physician order form with billing information (WakeMed Form #SP-017).

7. Results will be faxed to the referring physician who will contact you for discussion of the results.

Completed Collection Information for Semen Analysis – REQUIRED

Patient’s Name______________________________________________________________

                      Date of Birth________________________
                      LAST                                                               FIRST

Days of Abstinence ____________________ Wife’s Name__________________________________

Date of Collection ________________________________ Time ____________________________

Collection by Masturbation? □ YES □ NO If NO, please explain______________________________

Collection or Transport Problems _________________________________________________

(specimen collection locations on back)
Collection Locations

**Fertility & Post-Vasectomy Collection**

Raleigh Medical Park  
23 Sunnybrook Road, Raleigh, NC 27610  
Hours: 7 am to 5 pm, M - F, except holidays

**On Site Collection:**
Report to Patient Registration at the Raleigh Medical Park  
Phone: 919-350-4185 | Fax: 919-350-9608

**Off Site Collection:**
Bring sample to the Lab Window at the Raleigh Medical Park  
Phone: 919-350-8238 | Fax: 919-350-7811

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**Post-Vasectomy Collection ONLY**

WakeMed Cary Hospital  
1900 Kildaire Farm Road, Cary, NC 27511  
Phone: 919-350-2370 | Fax: 919-350-2375  
Hours: 6 am to 6 pm, M - F, except holidays

*The Outpatient Lab is located on the Main Floor in the Atrium, to the right as you enter the Main Entrance.*

WakeMed North  
10000 Falls of Neuse Rd Raleigh, NC 27614  
Outpatient Services, Hospital Lobby  
Phone: 919-350-1526 | Fax: 919-350-1355  
Hours: 8 am to 4:30 pm, M - F, except holidays