Patient Instructions for Semen Analysis
An appointment is required!

If testing is ordered by one of the Sanford Reproductive Laboratories, please contact them directly for scheduling and collection instructions.

- **Sanford Health Advanced Reproductive Laboratory – Sioux Falls (605)328-8800**
- **Sanford Reproductive Medicine Laboratory – Fargo (701)234-2700**

For the Sanford Laboratories listed below following these instructions.

- **Sanford Laboratory Bismarck – 1st floor at 222 North 7th Street – (701)323-5480**
- **Sanford Thief River Falls Laboratory – 3001 Sanford Parkway – (218)683-4742**
- **Sanford Bemidji Main Clinic Laboratory – 1233 34th Street NW – (218)333-5000**

1. Confirm Testing Location Hours

- Call the lab at least 1 day before collecting your sample. Your sample may be rejected if not received during testing hours.
- Avoid ejaculation for 2-7 days before collection
- Use a sterile container from the laboratory or provider.
- The sample will need to be delivered to the lab within 30 minutes of collection. If that's not possible, let the lab know when calling to confirm hours.

2. Collecting the Sample

- Wash hands and penis with soap and water; rinse off all soap.
- Do not use lotions, lubricants, or creams unless provided by the lab.
- Masturbation (manipulation by hand) is preferred for sample collection.
- Collect directly into the sterile container without touching the inside.
- Collect the entire specimen in the container. Spilled specimen should not be transferred into the container.
- If using intercourse, request a hygiene sheath from the lab. Regular condoms or pull-out methods are not allowed.
- Seal the container tightly and keep it upright.
- Keep the sample at body temperature—carry it in an inside pocket.

3. After Collection

- Fill out the patient information below.
- Bring a photo ID when dropping off the sample. If your partner delivers it, they must bring their ID.
- Register at the lab.
- Verify that the specimen has your full name and date of birth on the container.

Name: _____ DOB: _____

Collection Method: ☐ Masturbation ☐Other, explain: _____

Ordering provider: _____

Date collected: _____ Time collected: _____ ☐ AM ☐PM

Days of abstinence (number of days without ejaculation): _____

Was any portion lost or spilled during collection: ☐ Yes ☐ No

If so, approximately how much? _____ Portion lost: ☐ First ☐ Last ☐ Unknown

Have you had a temperature greater than or equal to 101°F in the last 90 days? ☐ Yes ☐ No