

# SOUTHEASTERN FERTILITY CENTER

## *JEFFREY A. KEENAN, M.D., FACOG* ANDROLOGY REQUEST

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

**MUST CALL CAROL SOMMERFELT FOR APPOINTMENT (865)-777-0088**

There is a \$110 charge for each test. **THIS MUST BE PAID ON THE DATE OF SERVICE BEFORE THE SPECIMEN IS PROCESSED. DEBIT/CREDIT CARD OR CHECK ONLY.**

Make all checks payable to IVF SERVICES

- Semen Analysis
- Immunobead (Serum)
- Immunobead (Direct)
- Fructose
- Kruger Morphology

### SEMEN ANALYSIS

An integral part of the infertility evaluation is examination of the male's semen. This is commonly referred to as a sperm count, but this term is misleading, because much more is examined than simply the number of sperm. A semen analysis is a precise measurement of not only the number of sperm, but their motility, movement patterns, shape, and many other parameters. This is the single most important test in the evaluation of the male partner. Because a man's semen analysis may vary greatly from one time to another, two or more analyses may be requested.

### PATIENT INSTRUCTIONS FOR COLLECTION OF A SPECIMEN

1. Refrain from any sexual activity including masturbation for three days.
2. The semen specimen may be collected by masturbation or with the aid of a special condom sheath which is available on request. Do not collect the specimen in a standard condom as these contain spermicidal agents which will alter the results of the analysis.
3. The specimen should be collected/placed in a container provided by our office, with the patients and husbands names and time of collection written on the label.
4. Bring the specimen to our office within one hour (preferably in 30 minutes) after collection. Do not expose the specimen to extremes of temperature.

# SOUTHEASTERN FERTILITY CENTER

## PATIENT INSTRUCTIONS FOR COLLECTION AND TRANSPORT OF SEMEN FOR LABORATORY ANALYSIS

**In order to avoid delays and the increased cost of repeat testing, please follow these instructions for preparing for the semen analysis and for properly collecting the semen specimen.**

1. You **must have an appointment** in order to have your semen specimen evaluated. **To schedule an appointment please call (865) 777-0088.**
2. You must have abstained (**no ejaculation**) for a **period of 2-5 days (ideally 3 days) before you collect** the sample unless otherwise advised by your physician.
3. If collecting at the laboratory, you will **collect** in a private room adjacent to the testing area.
4. If you collect your specimen **outside** the laboratory collection room, you **MUST**
  - Keep the sample **near body temperature** (25-40 degrees C or 77-104 degrees F)
  - Deliver your sample to the laboratory **within 45 minutes** of collection.
5. **COLLECTION METHOD**

You must collect:

  - Specimen by masturbation or by intercourse with a special condom sheath available at our office. Do not use saliva as a lubricant. The only acceptable lubricant is mineral oil or liquid glycerin available at your local drug store.
  - **Entire sample** in the collection container provided by the laboratory.

To avoid contamination, do not open the container until just prior to ejaculation.

**NOTE:** Semen collected in a standard condom or by coitus interruptus is **NOT ACCEPTABLE** for evaluation.
6. **PREPARATION FOR COLLECTION**

Just before you collect your specimen:

  - Urinate
  - Wash your genital area, using **WARM WATER ONLY**. Do not use soap on the genital area prior to collection. Soap will kill sperm.
  - Wash your hands with warm water and soap. Rinse thoroughly and dry.
  - Remove the cap from the specimen cup immediately prior to collection. Avoid touching the inside of the cup or the inside of the container lid.
7. **COLLECTION**
  - A. For specimen obtained by **Masturbation:**
    - Ejaculate directly into the specimen cup. (The penis **should not touch** the inside of the cup.)
    - Collect the **ENTIRE** ejaculate.
    - Replace container lid as soon as specimen is collected to avoid contamination
  - B. If collecting with a **Condom Sheath:**
    - Carefully remove condom.,
    - Use scissors to cut hole in tip.
    - Completely push all semen into container, then discard the condom.

8. **FOLLOWING THE COLLECTION**

You should:

- Wash your genitals and hands. (Soap may be used now.)
- Label your specimen container. Include the following information: Your name, Last ejaculation date, Collection Date, and **Exact Time** of collection.
- Keep your **sample at body temperature** until handed to laboratory personnel. Your shirt or pants pocket is ideal for transport since your body heat keeps the sample warm.
- Deliver sample to laboratory **within 45 minutes** of collection.

9. **COMPLETE YOUR PATIENT INFORMATION FORM.**

Deliver the semen specimen and the **patient information form** to the laboratory personnel. The technician will review the information provided and may ask for additional information.

10. **PAYMENT FOR SERVICES:**

**Payment MUST be made on the DATE OF SERVICE before the SPECIMEN IS PROCESSED. CREDIT CARD OR CHECK ONLY. Make checks payable to IVF SERVICES.**

<input type="checkbox"/> Semen Analysis (Basic)	\$ 110.00
<input type="checkbox"/> Semen Analysis (Comprehensive) (includes swim up and longevity study)	\$ 130.00
<input type="checkbox"/> Immunobead (serum)	\$ 215.00
<input type="checkbox"/> Immunobead (Direct)	\$ 215.00
<input type="checkbox"/> Immunobead (both)	\$ 350.00
<input type="checkbox"/> Fructose	\$ 35.00
<input type="checkbox"/> Viability Stain (Dead/Live)	\$ 35.00
<input type="checkbox"/> Kruger Strict Morphology	\$ 35.00

**The laboratory is located at the SOUTHEASTERN FERTILITY CENTER, 11126 Kingston Pike, Knoxville, TN. 37934. If you have questions, please contact CAROL SOMMERFELT or THE NURSE ON DUTY at (865) 777-0088.**

# PATIENT INFORMATION FORM

Lab ID # \_\_\_\_\_

Patient Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_

Partner's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Partner's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician Ordering Test: Dr. \_\_\_\_\_

## **Patient History:**

List any medications you are currently taking or have completed within the past Two weeks:

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Have you had a fever during the past month?  yes  no

Have you used a Hot Tub or Sauna during the past month?  yes  no

Date of most recent ejaculation, prior to the sample collected today \_\_\_\_\_

## **Sample Collection:**

Method of collection  masturbation  other If checked "other" list method \_\_\_\_\_

- Did you lose any portion of the ejaculate?  No  
 Yes, first portion  
 Yes, middle portion  
 Yes, last portion