



## CENTER FOR REPRODUCTIVE HEALTH

**7700 University Pointe, Suite 3000  
West Chester, Ohio 45069  
(513) 475-8266**

**2123 Auburn Ave., Suite A-43  
Cincinnati, Ohio 45219  
(513) 585-2355**

### PATIENT INSTRUCTIONS FOR SEMEN SPECIMEN COLLECTION

1. Please call our Andrology office to schedule a time for your test at **513-585-2355** for both West Chester and Cincinnati offices. Please specify the office location where test is to be performed (Christ Hospital or University Pointe in West Chester). Hours are flexible and we will do our best to meet your request.

PATIENT NAME (dob) \_\_\_\_\_

TEST (Check all that apply)

Semen Analysis (includes strict morphology)

Semen Analysis + Test-Wash

Sperm Freezing + Storage

Strict Morphology Only

Post Vasectomy Check

Standard Sperm Wash for Insemination

Gradient Sperm Wash for Insemination

Fructose

Other Testing \_\_\_\_\_

2. Please bring this request form signed by your physician or have your physician **fax** this to our office at **(513) 585-4994** for both West Chester and Cincinnati offices.
3. Please avoid ejaculation for 2-5 days before your appointment.
4. Collection rooms are available on-site; if you would prefer to collect the specimen at home, you should be able to bring the specimen to our office within 30 minutes of collection (sample must be transported at room temperature).
5. The specimen can be collected in a sterile urine container, which can be provided by our Center, or your doctor's office.
6. Ideally, the specimen should be collected by masturbation. If this is not possible, we can instruct you on the use of a seminal collection device (a specialized condom) allowing the specimen to be collected during intercourse.
7. Please be sure that hands and penis are cleaned prior to collection.
8. When the specimen is collected, please be sure to notify the staff if there were any problems with collection, spillage, etc.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City/ State / Zip

\_\_\_\_\_  
Phone / Fax