

Please follow these instructions carefully

Due to the specialised requirements of semen samples, collection times are restricted to:

Monday to Friday (Laboratory sites listed below) - 0800-1600

Saturday (Mount Medical Centre ONLY) – 0900-1100

Sunday – CLOSED

1. Collect the sample **AT LEAST 3 DAYS AFTER** your last ejaculation.
2. Collect the **ENTIRE** sample by means of masturbation. Other methods are not suitable as they may interfere with the test. **If collection by masturbation is not possible, please contact the laboratory for further information.**
3. **DO NOT** use condoms, artificial lubricants, talc, etc., as these will interfere with the test.
4. Collect the entire sample in the container provided (yellow capped jar).
DO NOT expose the container to extremes of temperature before or after collection;
DO NOT refrigerate the sample. It should be kept between 20°C and 37°C.
5. Label the container with your last name, first name, date of birth **AND** the date and time of collection.
6. Complete the information on the reverse page of this form and deliver this form with the sample and the doctors request form to **a laboratory site** listed below. Samples **MUST NOT** be delivered to local collection centres. The sample **MUST** be handed to a staff member.

No appointment is necessary

Post Vasectomy Samples – **Please note there is a \$35.00 out of pocket fee for this test, the patient can claim \$8.25 from Medicare.**

It is recommended the sample is collected a minimum of 12 weeks after the vasectomy operation, with at least 20 ejaculations in these 12 weeks. Please ensure delivery to the laboratory within THREE hours of collection – if sperm seen in previous sample, ensure delivery to the laboratory within ONE hour of collection.

Fertility Samples (including vasectomy reversals) - **Please note there is a \$75.00 out of pocket fee for this test, the patient can claim \$35.50 from Medicare.**

The sample **MUST** be delivered to one of the laboratory sites listed below ONLY, within ONE HOUR (60 MINUTES) of collection.

Metropolitan Laboratories

Joondalup Health Campus	cnr Grand Blvd and Shenton Ave, Joondalup	(08) 9400 9810
Peel Health Campus	110 Lakes Road, Mandurah	(08) 9531 8510
Mount Medical Centre	Suite 11, 146 Mounts Bay Road, Perth	(08) 9321 3300
Main Laboratory	1 Sabre Crescent, Jandakot	(08) 9317 0999

Country Laboratories

Albany	87 - 89 Albany Highway	(08) 9841 6211
Alice Springs	CLP Building, 84 Todd Street	(08) 8952 6633
Bunbury	68 Forrest Avenue	(08) 9791 7200
Darwin	59 Winnellie Rd, Winnellie	(08) 8901 7900

Last Name: Given name:

Date of Birth:/...../.....

Date of ejaculation:/...../.....

Time of ejaculation:

Date of previous ejaculation:/...../.....

Please tick applicable test:

Fertility studies (including vasectomy reversal samples)

Post vasectomy – confirmation of sterility

Please circle:

Specimen collection complete **YES / NO**

Specimen temperature maintained **YES / NO**

Method of collection masturbation **YES / NO**

Condoms or lubricants used **YES / NO** If YES, please provide details.....

Please complete if applicable:

Date of vasectomy operation:/...../.....

Date of vasectomy REVERSAL:/...../.....