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Patient Instructions for Collecting a Semen Specimen

1. The semen specimen should be collected by masturbation into a sterile container. Hands should be washed thoroughly before sample collection. Condoms (SCD) manufactured specifically for semen collection may be used. Most commercially available condoms contain chemicals that kill sperm cells and should not be used.
2. Semen specimens should be collected with a minimum of 2 or 3 days (5 maximum) after last ejaculation. Samples collected after more than 5 days of abstinence may not be accepted.
3. If a portion of the ejaculate is spilled and not collected into the container, please notify the office upon arrival.
4. The specimen should be delivered to our office as soon as possible (1 hour, maximum) after ejaculation. The specimen should be transported within inside clothing pockets (or close to the body) to prevent cooling below 70° F or warming above body temperature.
5. Please fill out the enclosed label(s) with Name, Date, and Time of collection, and fill in the information requested below.
6. Specimens will be accepted at our Edison office Monday through Friday, from 7 AM to 1 PM by appointment only, and at our Cranford and Princeton offices by appointment only. ALL APPOINTMENTS MUST BE PRE-SCHEDULED by calling 732-339-9300. These appointments must be scheduled during regular business hours (Mon-Fri, 9:00 AM-5:00 PM) For patients needing to collect their specimen on site, collection facilities are available at our Edison office in a quiet, comfortable, private room. For specific questions regarding sperm testing call 732-339-9300 (ext. 115) and ask for a member of our laboratory staff. If no one picks up, please leave a message and someone will return your call promptly.
7. Specimens for IUI or IVF procedures will be processed 7 days a week but must be coordinated through the Nursing/Laboratory staff.
8. For patients referred by outside physicians, a physician's written prescription must be presented with the specimen, including the referring physician's fax number. The test results will be faxed to the referring doctor's office.

Please Complete the Following:

Date _____ Physician _____

Male name _____ Spouse _____ DOB _____

Date of birth (male) _____ # days since last ejaculation _____ Time of collection _____

Requested Test(s): (circle):

Semen Analysis Comprehensive Analysis Sperm Cryopreservation Anti-Sperm Antibody IUI IVF

OFFICE USE ONLY

ID check by _____
(for IUI, Sperm Cryo)

Specimen received by lab tech: (signature) _____ Time: _____ (collected at) lab or home

Nursing/Office staff: (signature) _____ Time: _____

Patient verified specimen tube: (signature) _____