

PINNACLEHEALTH SYSTEM  
HARRISBURG HOSPITAL  
111 South Front St., Harrisburg Pa. 17101  
(717) 782-3595

**SEMEN ANALYSIS INSTRUCTIONS**

**1. SCHEDULING:**

Semen analysis is by appointment only. Appointments are scheduled Monday through Friday. Contact the Cytology Department at 782-3595 to schedule an appointment.

**2. REGISTRATION:**

After an appointment has been made, patients must pre-register by calling (717)791-2670 between the hours of 11:00 am – 5:00 pm. Please be ready to provide any insurance information.

**3. COLLECTION:**

- Do not ejaculate for a period of 2 to 7 days prior to specimen collection.
- Abstinence greater than 7 days is not recommended.
- Specimens may be collected by masturbation or withdrawal. It is important that no portion of the specimen be lost.
- Semen specimens should be collected in a clean, dry, glass, or hard plastic container with a lid. (Urine specimen cups work well.)
- A condom may not be used due to sperm-immobilizing material used in its manufacture. Also, lubricants and other sources of contamination are to be avoided.
- Condom shaped medical devices made specifically for semen analysis collections are permitted.
- The specimen container must be labeled with the patient's name and date of birth.
- The information sheet on the bottom of this instruction sheet should be completed and accompany the specimen at the time of delivery.

**4. DELIVERY:**

- ALL SPECIMENS MUST BE ACCOMPANIED BY A REFERRAL OR A PRESCRIPTION FROM THE PATIENT'S ORDERING PHYSICIAN.
- Semen specimens must be delivered to the Harrisburg Hospital within 1 hour after collection.
- Do not refrigerate the specimen. During cold weather season, the specimen should be kept as close to body temperature as possible (i.e. transport specimen in an inside coat pocket or wrap in a sweater or coat), since cold temperature tends to decrease sperm motility.
- Specimens should be delivered to the hospital between the hours of 7:30 AM and 12:00 PM. Specimens will not be accepted after 1:00 pm.
- Patients should report to the Reception Desk in the Outpatient Registration on the first floor of the Harrisburg Hospital immediately upon arrival.

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**Semen Analysis Information Sheet**

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

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

1. What time was the specimen collected? \_\_\_\_\_

2. Have you had sexual activity during the last 48 hours?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. How was the specimen collected?

Masturbation \_\_\_\_\_ Intercourse with withdrawal \_\_\_\_\_

4. Have you had prior semen analysis done at Pinnacle Health System?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Collection/transport problems: \_\_\_\_\_