Post Vasectomy Semen Analysis

Special Requirements

- **Prior to collecting specimen,** please contact your nearest Collection Centre to arrange the best time and place to deliver the specimen. Collection centres and the test availability can be found at **laverty.com.au** (Not all Collection Centres accept Semen)
- The sample must reach the Testing laboratory within 3 hours.
- **Repeat Test:** Sample **MUST** reach the Testing Laboratory within **ONE** hour of collection.

We supply you

• 1x White top Container.

Instructions

- 1. The first specimen after the procedure is to be collected at three months and after at least 20 ejaculations. Subsequent specimens, if required, are to be collected as per your doctor's instructions.
- 2. Do not use condoms, artificial lubricants, talcs etc., as these will interfere with the test results.
- 3. Label the container with your surname and given name, date of birth, time of collection and test name.
- 4. Collect the **ENTIRE** sample in the container provided by means of masturbation. Other methods, such as interruption of intercourse, are not suitable as there can be a loss of the first portion of the specimen.
- 5. Place lid on container & tighten firmly to prevent leakage. Avoid cross threading.
- 6. DO NOT expose the container to extremes of temperature before or after specimen collection.
- **7.** During transport to the **Collection Centre**, the sample should be kept between 20°c and 37°c. This is best achieved by keeping the sample next to your body during transport.
- 8. DO NOT refrigerate specimen or allow the specimen temperature to rise above body temperature.

| Please complete the details below and deliver with | h the specimen (SEMEN ANALYSIS) |
|---|---------------------------------|
| Surname Given Name: | |
| Address: | |
| | Telephone No: |
| Referring Doctor: | |
| 1. Number of days since your last ejaculation? days | |
| 2. How long since your operation? weeks | |
| 3. Was any of the ejaculate lost during collection? | Yes No |
| 4. Is this a repeat test? Yes No | |
| Date of Collection: / | |



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