



250 Pleasant Street Concord, NH 03301-2598
(603)225-2711 concordhospital.org

Laboratory Client Services: (603) 227-7050 Fax: (603) 228-7345

SEMEN FERTILITY ANALYSIS REQUISITION

Ordering Provider (print): _____ Patient name: _____
 Address: _____ Address: _____
 Phone #: _____ Fax #: _____ City: _____ State: _____ Zip: _____
 Mail copy to: _____ DOB: _____ Telephone: _____
 Address: _____ Partner (for fertility workup only) _____

PATIENT BILLING INFORMATION (If electronic order entered, billing information can be left blank.):

Primary insurance: Policy #: _____ Group #: _____
 Medicare CIGNA BC/BS NH Medicaid Harvard Pilgrim Bill patient Other: _____
 Subscriber: _____ DOB: _____ Patient relationship to insured: _____

Secondary insurance: Policy #: _____ Group #: _____
 Medicare CIGNA BC/BS NH Medicaid Harvard Pilgrim Bill patient Other: _____
 Subscriber: _____ DOB: _____ Patient relationship to insured: _____

PROVIDER Please select specimen type:

- Fertility **8:00 am - 11:00 am, Monday - Friday** Specimen must be submitted directly to Concord Hospital Laboratory within 30 minutes of collection.
 Vasovasostomy **8:00 am - 11:00 am, Monday - Friday**

SPECIMENS RECEIVED OUTSIDE OF NORMAL TESTING HOURS (AS NOTED ABOVE) MAY BE REJECTED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE THROUGH CLIENT SERVICES.

Ordering provider signature: _____ Date: _____ Time: _____

COLLECTION INFORMATION

COLLECTION INFORMATION MUST BE COMPLETED BY PATIENT

Note to patient:

The specimen must be submitted directly to the lab within 30 minutes after collection. Please deliver specimen to the Concord Hospital Main Laboratory. Please refer to *Instructions for Semen Fertility Collection* on the back of this form for complete specimen collection instructions. **Semen fertility analysis testing is not available on weekends or holidays.**

Date of collection: _____ Time of collection: _____

Days of abstinence: _____ (Number of days)

FOR LAB USE ONLY

Date received: _____ Time received: _____

Information complete: Yes No Checked by: _____

DELIVER SEMEN SPECIMENS TO LABORATORY SPECIMEN PROCESSING STAT.



250 Pleasant Street Concord, NH 03301-2598
(603)225-2711 Toll-free: 1(800)327-0464
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concordhospital.org

Laboratory Services - Instructions for Semen Fertility Collection

- **Abstinence:** It is important to refrain from sexual intercourse and/or ejaculation no less than 2 days, but may be up to 7 days prior to collecting the sample.
- Sexual intercourse is **not** an acceptable method for specimen collection. These samples are invalid and will **not** be processed.
- Produce a sample by masturbation without artificial lubrication.
- Collect the sample using the container given to you by your provider or Lab Client Services. Do not use condoms to collect the specimen. It is important that the entire ejaculation is collected. If not, the sample should be labeled "incomplete."
- Label the container with your full name, date of birth, date and time of collection, and days of abstinence (number of days).
- Keep the sample as close to body temperature as possible until it can be delivered to the lab. Do not submit the specimen to any extreme temperature changes (extreme hot, extreme cold) as this may affect test results.
- Bring the sample immediately to the Main Laboratory at Concord Hospital--Concord.

The sample must arrive in the laboratory no later than 30 minutes after collection.

FOR FERTILITY and VASOVASOSTOMY TESTING

Samples are accepted weekdays

Monday - Friday
8:00 AM - 11:00 AM

Specimens received outside of normal testing hours may be rejected unless prior arrangements have been made through the Laboratory Client Services Department. Semen analysis is not available on weekends or holidays.

Where to bring your specimen

Concord Hospital Laboratory: First floor, Suite 1402, park in Lot A or B.

If you have any questions about specimen collection, please contact Laboratory Client Services at (603) 227-7050 for more information.