



Appointment Date: _____ Time: _____

CSA COLLECTION & INTAKE FORM

Male Patient Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

Female Partner Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

Scheduling your Appointment:

- Call to schedule a semen analysis appointment at (207) 885-8400/8441.
- Appointments are scheduled between 9:00 am and 2:00 pm Monday - Thursday and between 9:00 am and 12 noon on Fridays.
- Appointment slots are limited – please call at least 48 hours prior to the time you would like to be scheduled.

Patient Preparation:

- 2-3 days but not more than 5 days should elapse between the day of collection and the previous ejaculation.

Sample Collection: For a semen test to be accurate it is very important that the specimen is collected and transported to the laboratory as follows:

- A sterile collection container is available for pick up from your provider or the laboratory.
- Wash and dry hands thoroughly (water will kill sperm).
- Produce a sample by masturbation and without the use of artificial lubrication. Note: Condoms must NOT be used.
- Collect the entire sample in the sterile container provided. It is important that the entire ejaculate is collected.
- Be sure lid is securely tightened.
- Specimen collected at home MUST arrive in the lab within 1 hour of the time of collection and MUST be kept at body temperature during transport. Alternately, sample may be collected at our facility.
- Label the specimen cup with your FULL name, Date of Birth, and the Date & Time of Collection.

When arriving at Coastal Women’s Healthcare:

- Please check-in at the front desk. You will need to have your insurance card scanned at this time, as well as verify the spelling of your name and your billing address.
- Proceed to the laboratory waiting area and have a seat; a tech will be with you shortly. *Note: Please alert someone if you wait more than 10 minutes.*

Please answer the following questions:

About this specimen:

- Days of abstinence: _____ (number of days since last ejaculation)
- Collection Date: _____ Collection Time: _____
- Was sample collected by masturbation? Yes No, collection method: _____
- Is sample complete? Yes No, estimate percent lost? _____

Male’s general health information:

- Are You on Any Medications: No Yes, Please List: _____
- Have You Had A Fever or an Illness in the Last Three Months: No Yes
If Yes, Type Of Illness: _____
- Do You Smoke: No Yes, packs per day: _____; How long have you been smoking? _____

Results may be released to: Male Female Either Contact Number: _____

I have verified that the demographic information of myself and my partner is correct as written above; that the responses to the above questions are correct to the best of my knowledge and I further confirm the identity of the semen sample submitted to be mine/my partner’s.

Patient/Partner Signature: _____ Date: _____

Lab Office use only:		
Sample Receipt: (Date/ Time:)	Kept at Body Temp: <input type="checkbox"/> Yes <input type="checkbox"/> No	Labeling Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No
Scanned into Chart by: _____ (3) "No Order Selected" (4) Change the date to the order date if necessary (5) "Overwrite" to rename the document CSA Collection & Intake Form (6) Document Type: Semen Analysis (7) YES – Choose Requesting Provide then SAVE		