

Post Vasectomy Collection Instructions

Your provider has requested you submit a semen sample by masturbating and ejaculating into a sterile container to confirm the validity of your vasectomy procedure.

Read all the instructions carefully before attempting to collect your sample at home.

Please note, the collection procedure will take approximately 2 hours total. ⌚

The sample must be collected in the morning, Monday-Thursday, and delivered to the laboratory by 12pm, same day.

This sample is accepted 8am-12pm Monday-Thursday (not on or the day before a holiday) at the following OSUWMC laboratory locations: Outpatient Care East, Outpatient Care New Albany, Outpatient Care Dublin, and Stefanie Spielman Comprehensive Breast Center

Important: Before collecting your sample, abstain from ejaculation for a minimum of 2 days, but not longer than 7 days. Your last ejaculation should be between 2 and 7 days.

1. **Remove the 50 ml dilution medium from the refrigerator and allow it to sit at room temperature for 60 minutes prior to use.** ⌚
2. Wash hands and open sterile collection cup.
3. Masturbate to ejaculation and ejaculate all semen sample directly into the sterile collection cup. Write collection time on the Patient Collection Questionnaire.
 - Other collection methods may affect your sample and require recollection.
 - Do not use lubricants or condoms and avoid vaginal and oral secretions.
4. Verify semen sample is in the cup. Screw cap onto cup and wash hands.
5. Allow the sample to sit at room temperature for 30 minutes. ⌚
6. After 30 minutes, pour all the sample into the 50 ml dilution medium vial, screw cap on securely, and gently invert 5 times to mix. Do not overtighten. Discard cup.
7. Label the dilution medium vial with your full name and date of birth.
8. Place labeled sample vial into the biohazard bag and seal. Keep the sample at room temperature and upright until delivery to the lab.
9. Complete the Patient Collection Questionnaire and place into the outer pocket of the biohazard bag.
 - Make an optional sample comment if there was anything that may affect the sample (e.g., leaky container, spill, etc.).
10. Deliver the sample to the lab same day of collection by 12pm.

Patient Collection Questionnaire

Name: _____ Date of Birth: _____

Collection Date: _____ Collection Time: _____ ☐ AM ☐ PM

1. Today's collection method: ☐ Masturbation

☐ Other, describe: _____

2. Did portion of ejaculate miss the collection cup?

☐ No, the entire sample was collected.

☐ Yes, check appropriate response(s):

☐ First part of ejaculate ☐ Middle part of ejaculate ☐ Last part of ejaculate

3. Was lubricant used to collect? ☐ No ☐ Yes, describe: _____

4. Number of days since last ejaculation: _____

6. Time sample was transferred to 50 ml dilution medium vial: _____ ☐ AM ☐ PM

7. Sample comment (optional): _____

Verify you have been provided with the supplies shown below before attempting to collect your sample



Sterile
collection
cup



50 ml dilution
medium vial
**Must be kept refrigerated
until 1 hour prior to use.**

Outpatient Blood Drawing Stations

A Department of The Ohio State University Hospitals

Services offered vary by location. For the latest clinical laboratory information, please visit wexnermedical.osu.edu/laboratory-services.

1 Outpatient Care East

Monday-Friday, 7:30 a.m.-5:30 p.m.

Ph: 614-688-6134 Fax: 614-688-6483

543 Taylor Ave., Room 2148

2 Outpatient Care Gahanna

Monday-Friday, 7:30 a.m.-5 p.m.

Ph: 614-293-6468 Fax: 614-366-8481

920 N. Hamilton Road, Suite 104

3 Outpatient Care Lewis Center

Monday-Friday, 7:30 a.m.-4:30 p.m.

Ph: 614-688-7105 Fax: 614-688-7107

6515 Pullman Drive, Suite 1004

4 Outpatient Care New Albany

Monday-Friday, 7:30 a.m.-5 p.m.

Ph: 614-814-8004 Fax: 614-814-8523

6100 N. Hamilton Road, Suite 1A

5 Martha Morehouse Outpatient Care

Monday-Friday, 7:00 a.m.-5:00 p.m.

Ph: 614-293-0862 Fax: 614-293-6855

2050 Kenny Road, Suite 1B

6 Richard M. Ross Heart Hospital

Monday-Friday, 7:30 a.m.-4:30 p.m.

Ph: 614-293-4681 Fax: 614-293-9500

452 W. 10th Ave.

First Floor, Room H1100

7 Outpatient Care Upper Arlington

Monday-Friday, 7:30 a.m.-5 p.m.

Saturday, 8 a.m.-noon

Ph: 614-293-0252 Fax: 614-293-3602

1800 Zollinger Road

8 Stefanie Spielman

Comprehensive Breast Center

Monday-Friday, 8 a.m.-4:30 p.m.

Ph: 614-293-6106 Fax: 614-366-8113

1145 Olentangy River Road

First Floor, Room 1400

9 Outpatient Care Dublin

Monday-Friday, 7:30 a.m.-5 p.m.

Ph: 614-814-7300 Fax: 614-814-7287

6700 University Blvd., Suite 1A

10 Hilliard

Monday-Friday, 7:30 a.m.-5 p.m.

Ph: 614-366-1581 Fax: 614-366-1582

3711 Ridge Mill Drive

Lab, Room 1001

