

Darnall Army Community Hospital, Fort Hood, Texas
Department of Pathology
& Area Laboratory Services



Care - Quality - Readiness

REQUIRED INFORMATION FOR FERTILITY TESTING

NAME: _____

DATE: _____

Please provide the following completed form upon delivery to the Laboratory. Analysis **will not** be completed without this information. Avoid using lubricants, condoms or other contaminating materials.

1. Method of collection: **Masturbation Required** Time of Collection: _____ A.M.
2. Deviation: _____ (condoms, other collection method)
3. Specimen container: Sterile Urine Container
4. Days of Abstinence: _____ At least 3 days but not to exceed 5 days.
5. Collection or Transport Problems: (e.g., incomplete collection, spillage, exposure to temperature extremes)

To be filled by the Laboratory:

1. Time of Specimen Receipt: _____ AM
2. Abnormalities of liquefaction:

3. Time of Analysis: _____