

5402 47th Avenue N.E. • Seattle, Washington 98105 • 206.525.4090

VASECTOMY TEST REQUEST

- 1. Wait for at least 6 weeks and at least 15 ejaculations after vasectomy. If this is a REPEAT test, check the box and wait until after the due date.
- 2. Check online at **DrSnip.com > Contact Us > Testing Schedule** for the dates and hours available for testing, or call us.
- 3. Collect semen specimen into a clean plastic cup or glass jar with a tightly sealing lid (no condoms).
- 4. Write your name on the container.
- 5. Place container in a clean paper or plastic bag. Complete this form and place in the bag.
- 6. Write your name on the bag.
- 7. Deliver to the clinic **only** during scheduled testing. Specimen may be collected up to 24 hours in advance. Refrigerate if held overnight. Specimen cannot be accepted for testing without this completed form and your name written on the container.
- 8. We will contact you with your test result the same day, by email or phone, and send you a final report or instructions for repeat testing if required.

☐ This is a FIRST test	. This is a REPEAT test. Due date			
Specimen Date:	Vasectomy date:			
Patient name				
Mailing address				
City, state, zip				
Phone I pref	OK to leave message?er: □ Phone call. □ Email			
NOTE: EMAIL CANNOT ENSURE SECURE PRIVACY PROTECTION.				
(optional) Email address				

FOR OFFICE USE

DT	P	/100HPF	R	F	
T-1	PC			PC	
T-2	LM	HPF		LM	
T-3	EM			EM	
T-4	RP	MOTILE		RP	
TEST REOLIEST 15.4					