

**ANDROLOGY LABORATORY
SEMEN COLLECTION FORM**

PATIENT INSTRUCTIONS FOR SEMEN COLLECTION

1. Prior to collection by masturbation*, hands and genitals should be clean and free of soap residue.
2. Do not use a condom, creams or lubricants for semen collection,
3. Ejaculate directly into the container and try to avoid touching the internal wall of the container.
4. Please label the specimen cup with **at least two** identifiers: Name, DOB, last 4 of SS#.
5. Place specimen and form in the collection room.

*Collection by any methods other than masturbation will result in an inaccurate analysis.

The semen is being collected for:

- Semen analysis
- Preparation for IUI/IVF
- Sperm freezing (Cryopreservation)

THE FOLLOWING INFORMATION MUST BE PROVIDED IN ORDER FOR THE LAB TO PERFORM THE SERVICES REQUESTED.

Name: _____ Date(e.g. 01/Jan/2000): _____

D.O.B. (e.g. 01/Jan/2000): _____ Social Security No: _____

Partner's full name and D.O.B. (e.g. 01/Jan/2000): _____

Referring Physician (Dr. that requested test): _____

Time sample was collected (e.g. 24:00): _____ Date of prior ejaculation: _____

Was any sample lost during collection? **Yes** **No**; explain: _____

List any medications that you are currently taking: _____

Are you taking testosterone? **Yes** **No**

For semen analysis, disclose results to myself; and _____, _____
Name Relationship

PATIENT

I attest that the semen sample that I have provided is mine.

Name: _____ Date: _____

Signature: _____

SPOUSE

I attest that the semen sample that I have provided is my husband's/significant other's.

Name: _____ Date: _____

Signature: _____

FOR OFFICE USE ONLY

Collection off premises? Yes _____ No _____ Time sample received: _____

Transportation problems indicated? Yes _____ No _____ Received by: _____

updated 5/2020