

Off Premises Laboratory Collection Form

Patient Instructions for Semen Collection

1. Please refrain from intercourse, masturbation, or other sexual activity that results in ejaculation for minimum of 2 days and a maximum (not to exceed) 5 days before your appointment to collect your sample.
2. Please label the specimen container with the name of the patient collecting the specimen; if name is different from partner's please also include her name.
3. Prior to collection by masturbation, thoroughly wash hands and genitals (front to back) with soap and water. Rinse away all soap and residue and dry. Remember that the laboratory must receive a non-contaminated specimen, so take care to avoid touching the tip of the penis and do not touch the anal area.
4. Do not use a standard (over the counter) condom for collection. A collection condom obtained from our office may be used. Do not use creams or lubricants during collection.
5. Ejaculate one time only directly into the container and avoid touching the internal sterile wall of the container. It is very important that the entire ejaculate be collected in the container.
6. To ensure a lab tech is available to process your specimen, we recommend that you schedule an appointment before bringing in your specimen.
7. The laboratory must receive the specimen within 60 minutes of collection. After collection keep the sample container inside your shirt or wrap with a towel to avoid exposure to extreme heat or cold. Be sure the cap of the container is secure and maintain the container in the upright position.
8. **A copy of the male patient's photo identification (driver's license) must accompany specimen, along with this form. This is required for identification/signature verification purposes.**

9. **PLEASE COMPLETE THE FOLLOWING:** Today's Date: ____/____/____

Male patient's name: _____ DOB: _____

Female patient's name: _____ DOB: _____

Office Physician (circle one): Bernhisel Goodman McCormick Tarantino Yeko

Date of last intercourse or ejaculation prior to today: ____/____/____ Time of today's collection: ____ am/pm

Did any part of this specimen not go into the container? No Yes (beginning middle end)

Method of collection: masturbation into sterile container masturbation/coitus in sterile condom

Have you taken any medication in the last month (include prescriptions, over the counter medications, herbal supplements and vitamins)? No Yes _____

Have you run a fever of 101 degrees in the last three months? No Yes

I, _____, attest the specimen produced and labeled with my name belongs to me. I
PLEASE PRINT NAME
hereby authorize _____ to hand carry my specimen to The Reproductive Medicine
Group for testing and/or to complete the IUI procedure on _____ (partner).

Male patient's signature: _____ **Date:** ____/____/____

Upon delivering this sample to the RMG laboratory I have verified the information on the specimen label is correct and the patient/partner to whom the sample belongs.

Person delivering sample to office signature: _____ Date: ____/____/____

Time Specimen Received _____ am/pm Received by: _____ Date: ____/____/____

RMG Representative

Male patient photo ID / signature verified by: _____ Date: ____/____/____

Lab Representative