

Fertility Center

140 East Ridgewood Avenue
Suite 590 S
Paramus, NJ 07652
201-634-5400 / 201-634-5503 fax



SEMEN COLLECTION RECORD

PHYSICIAN _____ LAB ACCESSION # _____

MALE PARTNER NAME _____ DATE OF BIRTH _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (PLEASE PRINT)

INTIMATE PARTNER NAME _____ DATE OF BIRTH _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (PLEASE PRINT)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER _____ PHONE NUMBER WE CAN REACH YOU TODAY _____

ALL QUESTIONS MUST BE ANSWERED BEFORE SEMEN SAMPLE CAN BE ACCEPTED BY LABORATORY

1. Date _____ and time _____ this specimen was collected.
2. Specimen collected: Off-site _____ Valley IVF Center _____
If collected off-site: Was the sample kept warm (at body temp) during transport to the lab? Yes ____ No ____
3. How was this specimen obtained: Masturbation ____ Intercourse with Male-Pak Condom ____ Other ____
4. Type of Specimen container: Sterile Specimen Cup ____ Male-Pak Condom ____ Other ____
5. What was the period of abstinence prior to collecting today's sample (days) _____
6. Was any lubricant used? No ____ Oil provided by IVF Center ____ Other (please be specific) _____
7. Was any portion of the sample spilled during collection or transport to lab? No ____ Yes ____
If yes, please describe _____
8. Have you taken any prescription medication in the past 3 months? No ____ Yes ____
If yes, please provide medication name, date started, length of use _____
9. Have you used any recreational drugs in the past 6 months? No ____ Yes ____
If yes, please provide drug name, date started, and frequency _____
10. Have you had any illnesses in the past three months? No ____ Yes ____
If yes, please describe _____
11. Have you ever had major surgery, chemotherapy or radiation therapy? No ____ Yes ____
If yes, please describe _____

STATEMENT(S) OF VERIFICATION: I, _____, verify that this semen sample was produced by me. The sample is to be used as follows: ☐ IUI or ☐ Semen Analysis. This sample was given to a Valley Fertility Center laboratory technologist whose signature appears below. The laboratory is responsible for disposing specimens following analysis and such material may be discarded or used for quality control and training purposes *but not in any procedure involving fertilization*. Samples for cultures are sent to a reference laboratory. In the event the sperm needs to be sent for cultures, you will be billed by that laboratory.

Patient Signature _____ Intimate Partner Signature _____

Date _____

Laboratory Technician Signature _____

Date _____

Time Specimen Received in Lab _____

COMMENTS: _____

INTERNAL USE ONLY

MALE IDENTIFICATION VERIFIED BY: _____ Type of ID _____
Expiration Date _____ ☐ Current ☐ Expired

INTIMATE PARTNER IDENTIFICATION VERIFIED BY: _____ Type of ID _____
Expiration Date _____ ☐ Current ☐ Expired