

# 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 name of medication, date started, how long you have been taking medication \_\_\_\_\_
9. Have you had any illnesses in the past three months? No \_\_\_ Yes \_\_\_  
If yes, please describe \_\_\_\_\_
10. 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 Verified \_\_\_\_\_  Current  Expired

**INTIMATE PARTNER IDENTIFICATION VERIFIED BY:** \_\_\_\_\_ Type of ID \_\_\_\_\_  
[Type text] Expiration Date Verified \_\_\_\_\_  Current  Expired