

## **DNA FRAGMENTATION TESTING** **INSTRUCTIONS FOR OBTAINING A SEMEN SPECIMEN**

### **1. Appointments**

- **YOU MUST HAVE AN APPOINTMENT TO DROP OFF YOUR SPECIMEN at 4510 Main Street Snyder, NY 14226, 2<sup>nd</sup> Floor**
- Call the IVF Andrology Laboratory (716-839-5198) to schedule
- Please specify that you are testing for DNA FRAGMENTATION with your semen analysis
- If two semen analysis are ordered, wait at least 7 days between each analysis

### **2. Collecting the Specimen**

- No sexual activity (including masturbation) for **at least 2 days, but no more than 3 days,** before collecting the specimen
- You may collect the specimen at home (provided that the sample can be delivered to the lab within 1 hour) **OR** collect in a private room in our office.
- Collect the specimen using the sterile container provided by our office or you may purchase a “Sterile container” at any pharmacy.
- The preferred method of collection is masturbation. If you must obtain the specimen through intercourse, you must use a sterile condom collection kit purchased from this office – ***do not use a regular condom***
- The specimen is ejaculated directly into the sterile container unless using the sterile condom collection kit

### **3. After Specimen Collection**

- Mark the specimen container with your name, date of birth, wife/partner’s name, and the date and time of collection (*Make sure the lid is closed tightly and the container upright*)
- The sample must be brought to our office within 1 hour of collection. Keep the container upright, close to body temperature (i.e. shirt pocket), and protected from direct sunlight or extreme cold

### **4. Arrival at the Office**

- Sign in on the clipboard outside the laboratory and have a seat in the waiting room. Keep the sample in your possession until your identification is verified by laboratory personnel.
- A valid photo ID must be presented with the sample collection form (over). If you do not have the collection form, you must complete it at that time
- If the husband/patient is not bringing the sample, the wife/partner must provide her photo ID to verify patient identification  
***The Semen Collection Form must be completed & photo ID presented or the sample will not be accepted***

### **5. Payment**

- The analysis and DNA fragmentation testing will be submitted to your insurance provider
- If you have no insurance, payment is due when the specimen is delivered to the laboratory for the semen analysis, REPROSOURCE will contact you directly regarding payment for the DNA Fragmentation testing.

### **6. Results**

- Approx. 2 weeks after the DNA fragmentation sample is sent out, a follow up appointment will be scheduled to discuss the results with the patients’ doctor.

**BUFFALO INFERTILITY & IVF ASSOCIATES**  
**Semen Collection Form**

Patient (*Male*): \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Wife/Partner: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Wife/Partner's Doctor: Dr. Adam Griffin/Dr. Michael Sullivan/Dr. Chantal Bartels/Colby Damon, N.P. /Brianna Trottier, N.P.  
*circle one*

If you are not a patient here, list your Referring Doctor: \_\_\_\_\_

<b>This sample is for:</b> _____ <b>Semen Analysis</b> _____ <b>Semen Freeze / Cryopreservation</b> _____ <b>DNA Fragmentation</b> _____ <b>IUI / Insemination</b> _____ <b>IVF / In Vitro Fertilization</b>
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- Date of semen sample collection: \_\_\_\_\_ Time of sample collection: \_\_\_\_\_
- How was this semen sample obtained? Specimen collected at: Home: \_\_\_\_\_ Office: \_\_\_\_\_  
\_\_\_\_\_ Masturbation  
\_\_\_\_\_ Sterile condom with intercourse  
\_\_\_\_\_ Other – Please specify: \_\_\_\_\_
- Did any semen spill or was lost during collection and/or transport? (ie semen missed container) Yes \_\_\_\_\_ No \_\_\_\_\_  
Only if yes, approximately how much? Less than 25% / 50% / More than 50%.  
*Circle one*
- Number of days since your last ejaculate: \_\_\_\_\_
- Average number of times you had intercourse or masturbation/ejaculation per week: \_\_\_\_\_
- Have you had any illness in the past three months? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- List your current medications: \_\_\_\_\_

<b><i>To be completed in the office with lab/nursing staff</i></b>
<b><u>MALE PT SEMEN VERIFICATION:</u></b> I, _____, verify that this semen sample was produced by me and handed directly to the lab/nursing staff listed below. <i>print</i>
<b><u>OR</u></b>
<b><u>PARTNER SPECIMEN VERIFICATION:</u></b> I, _____, verify that this semen sample was produced by my spouse/partner _____ and handed directly to the lab/nursing staff listed below: <i>print</i>
Patient or Spouse/Partner: _____ Date: _____ <i>signature</i>
Lab/Nursing Staff: _____ Date: _____ Time: _____ <i>signature</i>

\* \* \* \* \* ***To be completed by laboratory personnel*** \* \* \* \* \*

Any apparent loss of sample? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specimen identified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm  
Specimen was received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_