

INFERTILITY & IVF MEDICAL ASSOCIATES OF WNY

IVF Andrology Laboratory

4510 Main Street

Snyder, New York 14226

Tel: 716/839-5198

FAX: 716/839-1477

INSTRUCTIONS FOR OBTAINING SEMEN SPECIMEN

1. Appointments:
 - **YOU MUST HAVE AN APPOINTMENT TO DROP OFF YOUR SPECIMEN...**
 - **Call the IVF Andrology Laboratory (839-5198) to schedule these appointments**
 - Two semen analyses are required (at least 7 days between each analysis).

2. Collecting the specimen:
 - No sexual activity (including masturbation) for at least 2 days but not more than 4 days before collecting the specimen.
 - You may collect the specimen either at home (provided the sample can be at the office within 1 hour) **OR** collected in the privacy of a room in the 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, the date and time of specimen (*make sure the lid is closed tightly and the container upright*).
 - The sample must be brought to the office within 1 hour of ejaculation. Keep container upright, close to body temperature (i.e. shirt pocket) and protected from direct sunlight.

4. Arrival at the office:
 - You must stay with your sample until our staff verifies your identity & takes the sample.
 - Photo ID must be presented with the sample collection form (attached). 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 here photo ID to verify patient identity.
This form must be completed & photo ID presented or the sample will not be accepted.

5. Payment:
 - The analysis will be submitted to your insurance.
 - If you have no insurance, payment is due when the specimen is brought to the office, the fee is \$125.00.

6. Semen analysis results:
 - After 5 days, call the office (716/839-3057) for your results.

**INFERTILITY & IVF MEDICAL ASSOCIATES OF WNY
Semen Collection Form**

Patient Name: _____ SS#: _____ DOB: _____

Address: _____ Telephone: _____

Wife/Partner: _____ SS#: _____ DOB: _____

Wife/Partner's Doctor: Dr. Kent Crickard / Dr. Ralph Sperrazza / Dr. Michael Sullivan

circle one

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

This sample is for:

	<input type="checkbox"/> Semen Analysis <input type="checkbox"/> IUI / Insemination	<input type="checkbox"/> Semen Freeze / Cryopreservation <input type="checkbox"/> IVF / In Vitro Fertilization
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● Date of semen sample collection: _____ Time of sample collection: _____

● How was this semen sample obtained?

- _____ Masturbation
- _____ Sterile condom with intercourse
- _____ Other – Please specify: _____

● Were there any collection or transportation problems? (i.e. incomplete specimen, sample spilled)
Yes _____ No _____ If yes, explain: _____

How much of the sample was lost? 25% / 50% / 75% / 100%

circle one

● Number of days since your last ejaculate: _____ Average number of times you ejaculate per week: _____

● Have you had any illness in the past three months? Yes _____ No _____ If yes, explain: _____

● List your current medications: _____

To be completed in the office with lab/nursing staff

MALE PT SEMEN VERIFICATION: I, _____, verify that this semen sample was produced by me and handed directly to the lab/nursing staff listed below.

print

OR

PARTNER SPECIMEN VERIFICATION: I, _____, verify that this semen sample was produced by my spouse/partner _____ and handed directly to the lab/nursing staff listed below:

print

print

Patient or Spouse/Partner: _____ Date: _____

signature

Lab/Nursing Staff: _____ Date: _____ Time: _____

signature

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

Specimen collected at: This Office: _____ Home: _____ Any apparent loss of sample? Yes _____ No _____

Specimen identified by: _____ Date: _____ Time: _____ am / pm

Specimen was received by: _____ Date: _____ Time: _____ am / pm

