

## INSTRUCTIONS FOR OBTAINING A SEMEN SPECIMEN

### 1. Appointments

- **YOU MUST HAVE AN APPOINTMENT TO DROP OFF YOUR SPECIMEN**
- Call the IVF Andrology Laboratory (716-839-5198) to schedule
- 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 4 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 will be submitted to your insurance provider
- If you have no insurance, payment is due when the specimen is delivered to the laboratory

### 6. Results

- After 5 days, call the office (716-839-3057) for your results

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

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

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

Wife/Partner's Doctor: Dr. Krystene DiPaola / Dr. Adam Griffin / Dr. Michael Sullivan  
*circle one*

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

**This sample is for:**

_____ Semen Analysis	_____ Semen Freeze / Cryopreservation
_____ IUI / Insemination	_____ IVF / In Vitro Fertilization

- 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: \_\_\_\_\_

***To be completed in the office with lab/nursing staff***

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

**OR**

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

Patient or Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_  
*signature*

Lab/Nursing Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*signature*

\* \* \* \* \* ***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: \_\_\_\_\_