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
produced by me and handed directly to the lab/nursing staff listed below.

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:
Patient or Spouse/Partner: ______________________________ Date: __________________ signature
Lab/Nursing Staff: ______________________________ Date: ____________ Time: ___________

* * * * * 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: ____________

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