

# SEMEN COLLECTION FORM

Semen Analysis/IUI/IVF/Cryopreservation

## **SPECIMENS MUST BE DROPPED OFF BY THE PERSON COLLECTING**

A semen analysis is being performed to evaluate the quality and quantity of sperm and their environment. This evaluation is a vital part of the evaluation of any infertile couple. Male factor *contributes* to approximately 40% of infertile couple's failure to conceive.

The semen analysis can be performed in our laboratory on Monday through Friday between 9:00am and 2:30pm; **an appointment must be scheduled**. The semen collection can be performed either at home or in the collection room in the office. If collected at home, the specimen should be collected in the sterile specimen container provided to you and **brought to the lab within 1 hour**. Try to keep the specimen in a protected environment at approximately body temperature. During cold weather, this can be accomplished by placing the container in your clothing against the body.

Please label the container with:

1. Your full name
2. Your date of birth
3. Date of collection
4. Time of collection

The Specimen Collection Form must accompany the specimen. Please make sure your full legal name is on the form.

**The specimen must be kept sterile at all times during collection.**

**Masturbation:** Manually manipulate the penis until ejaculation occurs, being careful to catch the first few drops, as well as the remainder, in the sterile container provided.

**Abstinence for approximately 2-3 days is advised.** Long periods of abstinence are not desirable, as this will adversely affect the specimen.

If you need lubricant, please ask the office for a packet of sterile lubricant when you pick up your sterile container. These packets are also available in the collection room at the office. Do not use any other type of lubricants or contaminants (including saliva), as these will interfere with testing.

Semen collected for IUI or IVF must be processed prior to injection into the uterus or used for fertilization of eggs.

**FAMILY BEGINNINGS**  
**8435 Clearvista Place, Suite 104**  
**Indianapolis, IN 46256 317-595-3665**  
*James Donahue, MD, HCLD*

**Semen Specimen Collection Form**

**SPECIMEN MUST BE DROPPED OFF BY THE PERSON COLLECTING**

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR SEMEN SPECIMEN. MAKE SURE YOUR FULL NAME AND THE DATE IS ALSO ON THE PROPER SPECIMEN CONTAINER. SPECIMENS COLLECTED IN UNSTERILE CONTAINERS WILL NOT BE ACCEPTED.

Name \_\_\_\_\_ Partner's Name \_\_\_\_\_

DOB \_\_\_\_\_ Date \_\_\_\_\_

Time of Collection \_\_\_\_\_

Container: Specimen cup \_\_\_\_\_ Other \_\_\_\_\_

Method of collection: Ejaculation \_\_\_\_\_ Aspiration \_\_\_\_\_

I was abstinent (did not ejaculate) for \_\_\_\_\_ days before collecting the specimen.

Was any of the specimen lost or spilled during collection? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications taken within the last 3 months: \_\_\_\_\_

Comments: \_\_\_\_\_

Phone number to call with results \_\_\_\_\_ Okay to leave message \_\_\_\_\_

**I verify that this sample belongs to me:** \_\_\_\_\_  
(signed at time of specimen drop-off)

\_\_\_\_\_  
*To be filled out by tech receiving the sample:*

**ID/DL number:** \_\_\_\_\_

**Received by** \_\_\_\_\_ **Time** \_\_\_\_\_ **Acceptable** \_\_\_\_\_

**Sexually Intimate Partners – Autologous**

**SPERM IVF PREPARATION SUMMARY**

Source: Husband Donor # \_\_\_\_\_

Identifiers on cup/vial: \_\_\_\_\_

Fresh Frozen TESA PESA

Identifiers on prepped sample: \_\_\_\_\_

Time Collected: \_\_\_\_\_

Time Processed: \_\_\_\_\_

Accession #: \_\_\_\_\_

Tech: \_\_\_\_\_

Pre Wash

Count: \_\_\_\_\_ million/ml

Motility: \_\_\_\_\_ %

Volume: \_\_\_\_\_ ml

Viscosity: \_\_\_\_\_

Immotile \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Avg \_\_\_\_\_

\_\_\_\_\_

Motility: \_\_\_\_\_ X 100 = \_\_\_\_\_ %

Total Count \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Avg \_\_\_\_\_

\_\_\_\_\_

Post Wash

Count: \_\_\_\_\_ million/ml

Motility: \_\_\_/\_\_\_ X 100 = \_\_\_\_\_ %

Motile Density: \_\_\_\_\_ million/ml

Immotile \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Avg \_\_\_\_\_

\_\_\_\_\_

Total Count \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Avg \_\_\_\_\_

\_\_\_\_\_

Insemination Calculation: \_\_\_\_\_ / \_\_\_\_\_ X \_\_\_\_\_ ul X \_\_\_\_\_ = \_\_\_\_\_ ul  
(desired conc)/(motile density) (dilution)

Sample adequate for ICSI (motile sperm readily visible):  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

Sperm Disc: \_\_\_\_\_ / \_\_\_\_\_

Normal: Count  $\geq 15 \times 10^6$ /ml; Motility:  $\geq 32\%$