

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
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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: _____

Reason for testing: Infertility assessment Post-vasectomy check
 IVF/IUI drop off Sperm freezing/fertility preservation

Time of Collection: _____

Container type: Specimen cup Other

Method of collection: Ejaculation Surgical 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
Full Infectious Screening Not Done

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: $\geq 32\%$