

PALM BEACH FERTILITY CENTER (PBFC)
9291 Glades Road Suite 202, Boca Raton, Florida, 33434
Telephone: 561-477-7728/Fax: 561-477-7035

SEMEN SPECIMEN INFORMATION

Today's Date: _____

Referring Physician's Name: _____ Dr. Denker or Other Physician's Name: _____

Your Name: _____ Partner's Name: _____
(FIRST AND LAST NAME) (FIRST AND LAST NAME)

Your Date of Birth: _____ Partner's Date of Birth: _____
(Month/Day/Year) (Month/Day/Year)

How many days since last sexual activity (intercourse, masturbation) ? _____

Time of Semen Collection: _____ at our Clinic _____ at Home _____

Method of collection: Masturbation _____ Special Condom _____ Other (specify): _____

Was the semen collected in a container provided by us? _____ or your physician? _____

Is this the total specimen? Yes _____ No _____

If "No", which portion was not collected in the container ? (First portion, last portion, most of it, spillage, etc.):

Any lubricant used? Yes _____ No _____ If yes, what is the oil provided by us: Yes _____ No _____

Was the sample exposed to extreme heat or cold ? Yes _____ No _____

List any illness, fever or medications in the past 3 months:

Andrology Lab use only:

Specimen collection at : _____ PBFC _____ brought from home by _____ wife _____ husband

This specimen is for: _____ SEMEN ANALYSIS
_____ IUI
_____ IVF/ICSI
_____ SEMEN FREEZING
_____ SEMEN CULTURE (to be sent outside lab)
_____ RETROGRADE EJACULATION ANALYSIS
_____ OTHER(specify): _____

Date

Time

Received by

Log in #

PALM BEACH FERTILITY CENTER INSTRUCTIONS FOR SEMEN COLLECTION

1. Please collect a semen specimen following **2 to 7 days of sexual abstinence**. (no intercourse or masturbation from 2 to 7 days before the test. The semen is produced by masturbation and collected into a sterile cup provided by our clinic.
2. If needed, urinate prior to collecting your specimen. Clean the genital area well (including retracting the foreskin) with soap and water. **Wash off soap well.**
3. **Do not** use baby oil, vaseline, etc. to help in specimen collection. These may kill the sperm. You may use mineral oil provided by our lab.
4. **Do not** use vaginal or oral stimulation for collection as this can contaminate the specimen with bacteria. If the specimen is **not** produced by masturbation, a special condom especially for this purpose must be used and can be obtained from the lab. Please don't use any other condoms for collection.
5. Collect the entire specimen in the sterile container provided by our laboratory. Expect between 1 to 2 tablespoons of fluid.
6. Please report if there is any spillage and which portion was lost (**IMPORTANT!**). We may need another semen specimen depending on which portion is lost.
7. **LABEL CONTAINER WITH YOUR NAME** (first and last name) with the date and time of collection with a pen (no pencil please). Tighten the lid and put the container and this sheet in the pass-thru window , press the buzzer to notify lab staff that specimen is ready for pick-up.
8. Please **book an appointment** prior to specimen collection. and deliver the specimen to the lab within 45 minutes of collection. You may pick up forms and containers from our office.
-or-
9. Use a STERILE collection cup provided by your physician and download a SEMEN ANALYSIS INFORMATION FORM from our website at www.palmbeachfertility.com
10. **If you are unable to produce the specimen after 20 minutes of trying, please stop and tell the receptionist.** You will need to reschedule and try another approach such as a collecting the specimen at home or using a special condom.

The quality of semen may vary. Therefore, it may be necessary to repeat this test to ensure accuracy. Please contact our office if you have any questions.

I (Signed Name)_____ have read the above

instructions and I have produced this semen specimen on _____