



7015 Beracasa Way, #201 2627 NE 203rd St. #209  
Boca Raton, FL 33433 Aventura, FL 33180  
T 561.477.7728 T 786.440.5455

Date: \_\_\_\_\_ Name of referring Physician: \_\_\_\_\_

**SEMEN SPECIMEN INFORMATION**

Your Full Name: \_\_\_\_\_ Your Date Of Birth: \_\_\_\_\_

Is your Partner/Spouse a patient at our Aventura or PBFC Location? \_\_\_ Yes \_\_\_ No

If yes, Your Partner/Spouse Full Name: \_\_\_\_\_ Patient/Spouse Date Of Birth: \_\_\_\_\_

How many days without sex/masturbation? \_\_\_\_\_ Time of Semen Collection? \_\_\_\_\_:\_\_\_\_\_

Location Specimen was collected: At Aventura or PBFC : \_\_\_\_\_ At Home: \_\_\_\_\_

Method of collection: Masturbation: \_\_\_\_\_ Special Condom: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Was the semen collected in a container provided by Aventura Fertility Or PBFC? \_\_\_\_\_ If not, please specify with doctors office who provided container: \_\_\_\_\_

Is this the total specimen? Yes: \_\_\_\_\_ NO: \_\_\_\_\_ If "NO", was there spillage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any Lubricant Used? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, what lubricant was used? \_\_\_\_\_

Was the sample exposed to direct sunlight, extreme heat or cold? Yes: \_\_\_\_\_ No: \_\_\_\_\_

In the past 3 months, have you had any fevers, illness or have taken any medications? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list below.

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**BELOW LINE IS FOR OFFICE USE ONLY:**

SPECIMEN COLLECTION LOCATION: At Aventura Fertility or PBFC \_\_\_\_\_ AT HOME \_\_\_\_\_

SPECIMEN WAS GIVEN BY: PARTNER/SPOUSE \_\_\_\_\_ PATIENT \_\_\_\_\_

THIS SPECIMEN IS FOR: \_\_\_\_\_ SEMEN ANALYSIS \_\_\_\_\_ SEMEN FOR RETROGRADE EJACULATION

\_\_\_\_\_ IUI \_\_\_\_\_ URINE FOR RETROGRADE EJACULATION

\_\_\_\_\_ IVF/ICSI \_\_\_\_\_ OTHER, SPECIFY: \_\_\_\_\_

\_\_\_\_\_ SEMEN FREEZING

\_\_\_\_\_ SEMEN CULTURE

DATE: \_\_\_\_\_ TIME COLLECTED BY STAFF: \_\_\_\_\_ RECEIVED BY STAFF NAME: \_\_\_\_\_

PATIENT EMR CHART NUMBER: \_\_\_\_\_ LOG IN # \_\_\_\_\_

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### INSTRUCTIONS FOR SEMEN COLLECTION

1. **You must be 2-7 days of sexual abstinence prior to collection (NO LESS THAN 2 DAYS, NO MORE THAN 7 DAYS).** The semen is produced by masturbation and collected in a sterile cup provided by our office.
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. (Feel free to contact our front desk if needed)
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 purchased from our office. Feel free to ask our front desk. Please don't use any other condoms for collection to avoid contamination.
5. Collect the entire specimen in the sterile container provided by our laboratory. Expect between 1 to 2 tablespoons of semen in sterile container.
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. **STICK THE LABEL INCLUDED IN YOUR SPECIMEN BAG ON YOUR SPECIMEN CUP.** PLEASE BE SURE THE LABEL IS FILLED OUT PROPERLY. If you do not see a label please be sure to ask our front desk and they'll provide one.
8. **Please call the office to schedule a drop off time prior to collecting your specimen. Deliver your specimen on your scheduled date and time within 1 ½ hour. All forms needed are included in the specimen bag provided by our office.**
9. Use sterile collection cup provided.
10. If you are unable to produce the specimen after 20 minutes of trying, please stop and let our front desk know. You will need to reschedule and try another approach such as collecting specimen at home or using a special condom.

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

**Please fill out the following:**

I (Sign your name) \_\_\_\_\_ have read the above instructions and produced this semen specimen on Date \_\_\_\_/\_\_\_\_/\_\_\_\_ at Time \_\_\_\_\_.

Your patient EMR chart # \_\_\_\_\_ (provided by a front desk team member). You'll be contacted within 48 business hours with results. If you have any questions, feel free to ask our office.