



**Semen Production Form**

Semen samples must be collected by masturbation into a sterile, 4.5 ounce, screw-cap, wide-mouthed specimen container. This can be obtained from Island Fertility. Samples must be collected using masturbation unless you have already obtained a semen collection device with instructions from our office. Intercourse without a semen collection device is prohibited. Condoms should never be used to collect samples, as they are usually spermicidal. **Specimens will not be accepted for diagnostic semen analysis without 2-7 days prior abstinence, you will have to reschedule.**

1. Record the lot number of the specimen cup or collection device on this form (this is printed on the outer bag).
2. Print your first and last name and time of collection on the specimen cup or collection device container label.
3. Open the sterile specimen container, breaking the sterile seal, and place the lid upside down.
4. Wash hands thoroughly.
5. Rinse the head of the penis, foreskin retracted, with water.
6. Do not use soap or water as a lubricant; only sterile mineral oil (which we will provide upon request) may be used.
7. Ejaculate into the specimen cup without touching the interior.
8. Replace the lid and close tightly.
9. Wash hands.
10. Fill out the Semen Production Form.
11. Carry the specimen and this completed form to the Andrology Laboratory Drop Off Window. **Samples will not be accepted without government issued photo ID. Unattended specimens will be discarded.**

Specimen Cup/Collection Device Lot Number:			
Male Name:		DOB:	
Male Signature:			
Female Name:		DOB:	
Purpose of today's visit to the laboratory (check all that apply):			
<input type="checkbox"/> <b>Process for insemination</b> <input type="checkbox"/> <b>Process for IVF</b> <input type="checkbox"/> <b>Analysis</b> <input type="checkbox"/> <b>Cryopreservation</b>			
Date:	Time Collected:	Production Location:	<input type="checkbox"/> <b>Off-site</b> <input type="checkbox"/> <b>Office</b>
Was the entire sample collected?: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Days of abstinence:			
Method of Collection: <input type="checkbox"/> <b>Masturbation</b> <input type="checkbox"/> <b>Collection Device</b> <input type="checkbox"/> <b>Other</b>			
Any illness/fever in the last 3 months? If "Yes," please specify: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
List any medications you are/have been on in the last 3 months:			
<i>Specimen Identification (For Office Use Only):</i>			
Date/Time:		ID Type/Number	
Signature:			

Type of Form: Patient Instruction	W:\Read Only\FORMS\Semen Production Form
Original Effective Date: 10/19/2020	Uploaded to eIVF