



Your Family Fertility, PLLC
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Semen Collection Form

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_
Partner Name: \_\_\_\_\_ Partner DOB: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone Number: \_\_\_\_\_

Sample Intended for:

- Seмен Analysis
Initial Repeat
IUI / Insemination
Seмен Freeze / Cryopreservation
IVF / In Vitro Fertilization

Date of collection: \_\_\_\_\_
Time of collection: \_\_\_\_\_
Method of collection: Masturbation Other: \_\_\_\_\_
Specimen collected at: Home Other: \_\_\_\_\_
Was any semen spilled or lost during transport? Yes No
Number of days since last ejaculate: \_\_\_\_\_
Any illnesses in the past three months: Yes No
Current medications: \_\_\_\_\_

Sample Verification

I, \_\_\_\_\_ attest that this sample was produced by me.
(print male patient's name)
\_\_\_\_\_ Date: \_\_\_\_\_
(male patient signature)

ID Verification: Driver's License Other: \_\_\_\_\_
Specimen identified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Specimen received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_