bocafertility

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Phone: 561-368-5500 • **Fax:** 561-368-4793 • **bocafertility.com**
Boca Raton • Fort Lauderdale • Miami

Instructions for Collection of Specimens for Semen Analysis

General:

Semen analysis is routinely performed by appointment only on Monday through Friday between 11:00 AM and 3:00 PM in our laboratory located in our office. (If you need a different day or time, please let us know and we will be happy to try to accommodate you.) Please call the office (561-368-5500) at least one week in advance for scheduling and information. A doctor's prescription requesting semen analysis testing is required. The current cost of the semen analysis is $195.00 payable at the time of the visit.

Description of Analysis:

The semen sample will be evaluated for the sperm number, the percent and quality of movement and the percentage of sperm with normal shape. Other tests, including test preparations for insemination or IVF procedures will be performed, as needed.

Collection:

1. You should abstain from sexual intercourse and/or masturbation for a minimum of **2 days** prior to collection, but not longer than **5 days**.

2. You may collect the semen sample in a room provided for this purpose in our office, or at home, as long as you deliver it to the office within **45 minutes** of collection.

3. If you are unable to deliver the semen sample within **45 minutes** of collecting, please speak with us about collecting in our office at a suitable date and time for you.

4. The specimen should be collected by masturbation into a sterile container supplied by the lab. **No artificial lubricant, other than lubricant provided by Boca Fertility, should be used.** When collection by masturbation is not possible, special condoms may be purchased in our office. Do not use an ordinary condom or interrupted sex as means of collection.

5. It is important that the whole ejaculate is collected for accurate results. If part of the sample is lost during ejaculation, the sample should be labeled "incomplete." Make sure no **water, blood, urine, feces, or other contaminants** are introduced into the sample. If you notice **any contamination**, please **inform the laboratory staff immediately**.

6. Tighten the lid securely before delivering the container to the lab. Label the specimen with your **name, date** and **time** of collection. Please keep the container **upright** during transport to avoid spillage. Avoid extreme variations of temperature (no less than 75 degrees F or greater than 98 degrees F).

7. Bring the specimen and the **completed** requisition and history forms to the front desk at the office.

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Semen Specimen Requisition Form

Instructions

1. Please follow the instructions sheet for sample collection.
2. Complete the upper portion of this form and hand it in with the sample.
3. **The specimen cup must be labeled with your name and your partner's name.**

Patient Information

Is your partner a patient of Boca Fertility? ☐ Yes ☐ No

Patient's Name (Male): _____

Last 4# SS: _____ **Patient's Birthdate**:_____

Referring Doctor: _____ Referring Doctor Phone: _____

Spouse/Partner's Full Name: _____ **Partner Birth Date:**_____

Today's Specimen:

Collection Method: ☐ By masturbation ☐ Intercourse: (with Collection Condom)

Date: _____ Time collected: _____ Collected at: ☐ Home ☐ Lab

Number of days abstinence (from intercourse or masturbation) _____

Patient **FIRST** and **LAST** name must be written on the label on container **(not lid)**	☐ Yes	☐ No
Vasectomy Procedure Date (If applicable): _____	☐ Yes	☐ No
Was the sample collected in a sterile cup or collection condom?	☐ Yes	☐ No
Was part of the sample lost?	☐ Yes	☐ No
Was the sample contaminated? If yes, contaminated with: _____	☐ Yes	☐ No
Was the sample exposed to extreme heat or cold?	☐ Yes	☐ No
Was any lubricant used? **(Only lubricant provided by Boca Fertility is acceptable to use)**	☐ Yes	☐ No
Have you had an illness or fever within the last 3 months?	☐ Yes	☐ No

If so, what type of illness? _____

BOCA FERTILITY STAFF ONLY:

Semen sample received by: _____ Time received: _____ ID Verification: _____
(Last 4 digits of license)

Does the name on the container match the name on requisition form?	☐ Yes	☐ No

Sample was collected for: ☐ Diagnostic ☐ IUI ☐ IVF ☐ FREEZING ☐ CULTURE ☐ FRUCTOSE

Is the semen collection verification completely filled out?	☐ Yes	☐ No
Are the male signature and date on semen collection verification form?	☐ Yes	☐ No

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Semen Collection Verification Form

Print Male's Full Name: _____

Print Spouse/Partner's Full Name: _____

The following statements attest to the identity of the semen produced onsite (at Boca Fertility) or offsite to be used either for diagnostic testing OR therapeutically in attempting to establish a pregnancy with my partner.

The accompanying semen specimen is labeled with my name. ☐ Yes ☐ No

The specimen was produced by me at: ☐ Home ☐ Boca Fertility

The specimen was collected on (date) _____ at (time)_____ and is a product of my body and is being submitted by: ☐ Self ☐ Partner ☐ Spouse ☐ Other: _____

Collection Cup Label Confirmed by: ☐ Self ☐ Partner ☐ Spouse ☐ Other:_____

Consent for Research Use:

I give consent to Boca Fertility Center to use my remaining specimen after the procedure or testing has been completed for training of staff or research. I understand that my specimen donated for Research Use means that my specimen cannot be used for procreation or donated to another person or couple.

Initial ONE selection: _____ I consent for Research Use

_____ I decline Research Use

Signature of Male: _____ Date:_____

BOCA FERTILITY STAFF ONLY:

Semen sample received by: _____ Time received: _____