

Female Patient Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

Male Partner Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

Please bring your Government issued photo ID (driver's license) with you at the time of your appointment.

Please answer the following questions:

For a semen test to be accurate it is very important that the specimen is collected and transported in accordance with the IUI Semen Collection Instructions.

About this specimen:

- Days of abstinence: _____ (number of days since last ejaculation)
- Was sample collected by masturbation? Yes No, collection method: _____
- Was sample held at body temperature (37°C / 98.6°F)? Yes No
- Collection Date: _____ Collection Time: _____
- Was the entire sample collected? Yes No, % NOT collected: _____
- Where was the sample collected? CWH Off Site, delivered by: Female Patient Male Partner

I have verified that the demographic information of myself and my partner is correct as written above; that the responses to the above questions are correct to the best of my knowledge and I further confirm the identity of the semen sample submitted to be mine/my partner's. I further understand that this sample will be used for Intrauterine Insemination (IUI) with my partner.

Patient/Partner Signature: _____ Date: _____

Lab Office use only

Specimen Receipt Verification: Please answer and initial each field.

Sample Receipt: Date/ Time: _____

Specimen Kept at Body Temp: Yes No

Lab Label Checked: Yes No

Laboratory Verification of Sample: Please sign and date.

Patient demographics on the original sample cup matches that on the final sample syringe.

Performing Tech Verification: _____ Date: _____

Secondary Tech Confirmation: _____ Date: _____