

INSTRUCTIONS FOR OBTAINING A SEMEN SPECIMEN

1. Appointments

- **YOU MUST HAVE AN APPOINTMENT TO DROP OFF YOUR SPECIMEN at 4510 Main Street Snyder, NY 14226, 2nd Floor**
- Call the IVF Andrology Laboratory (716-839-5198) to schedule
- If two semen analysis are ordered, wait at least 7 days between each analysis

2. Collecting the Specimen

- No sexual activity (including masturbation) for at least 2 days, but no more than 4 days, before collecting the specimen
- You may collect the specimen at home (provided that the sample can be delivered to the lab within 1 hour) **OR** collect in a private room in our office.
- Collect the specimen using the sterile container provided by our office or you may purchase a “Sterile container” at any pharmacy.
- The preferred method of collection is masturbation. If you must obtain the specimen through intercourse, you must use a sterile condom collection kit purchased from this office – **do not use a regular condom**
- The specimen is ejaculated directly into the sterile container unless using the sterile condom collection kit

3. After Specimen Collection

- Mark the specimen container with your name, date of birth, wife/partner’s name, and the date and time of collection (*Make sure the lid is closed tightly and the container upright*)
- The sample must be brought to our office within 1 hour of collection. Keep the container upright, close to body temperature (i.e. shirt pocket), and protected from direct sunlight or extreme cold

4. Arrival at the Office

- Sign in on the clipboard outside the laboratory and have a seat in the waiting room. Keep the sample in your possession until your identification is verified by laboratory personnel.
- A valid photo ID must be presented with the sample collection form (over). If you do not have the collection form, you must complete it at that time
- If the husband/patient is not bringing the sample, the wife/partner must provide her photo ID to verify patient identification
The Semen Collection Form must be completed & photo ID presented or the sample will not be accepted

5. Payment

- The analysis will be submitted to your insurance provider
- If you have no insurance, payment is due when the specimen is delivered to the laboratory

6. Results

- After 5 days, call the office (716-839-3057) for your results

BUFFALO INFERTILITY & IVF ASSOCIATES
Semen Collection Form

Patient (*Male*): _____ SS#: _____ DOB: _____
 Address: _____ Telephone: _____

Wife/Partner: _____ SS#: _____ DOB: _____

Wife/Partner's Doctor: Dr. Adam Griffin/Dr. Michael Sullivan/Dr. Chantal Bartels/Colby Damon, N.P. /Brianna Trottier, N.P.
circle one

If you are not a patient here, list your Referring Doctor: _____

This sample is for:

	<input type="checkbox"/> Semen Analysis <input type="checkbox"/> IUI / Insemination	<input type="checkbox"/> Semen Freeze / Cryopreservation <input type="checkbox"/> IVF / In Vitro Fertilization
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- Date of semen sample collection: _____ Time of sample collection: _____
- How was this semen sample obtained? Specimen collected at: Home: _____ Office: _____
 - _____ Masturbation
 - _____ Sterile condom with intercourse
 - _____ Other – Please specify: _____
- Did any semen spill or was lost during collection and/or transport? (ie semen missed container) Yes _____ No _____
 Only if yes, approximately how much? Less than 25% / 50% / More than 50%.
Circle one
- Number of days since your last ejaculate: _____
- Average number of times you had intercourse or masturbation/ejaculation per week: _____
- Have you had any illness in the past three months? Yes _____ No _____ If yes, explain: _____
- List your current medications: _____

To be completed in the office with lab/nursing staff

MALE PT SEMEN VERIFICATION: I, _____, verify that this semen sample was
 produced by me and handed directly to the lab/nursing staff listed below.
print

OR

PARTNER SPECIMEN VERIFICATION: I, _____, verify that this semen sample
 was produced by my spouse/partner _____ and handed directly to the
 lab/nursing staff listed below:
print

Patient or Spouse/Partner: _____ Date: _____
signature

Lab/Nursing Staff: _____ Date: _____ Time: _____
signature

* * * * * ***To be completed by laboratory personnel*** * * * * *

Any apparent loss of sample? Yes _____ No _____

Specimen identified by: _____ Date: _____ Time: _____ am / pm

Specimen was received by: _____ Date: _____ Time: _____