

### IVF AND REPRODUCTIVE ENDOCRINOLOGY 2 Tampa General Circle, Fourth Floor, Tampa, FL 33606

Tel: (813) 259-0692 Fax: (813) 259-0882

# PATIENT REQUISITION AND INSTRUCTIONS

## Semen analysis or cryopreservation collection

**Please note:** You may collect in our clinic or at home. If you collect your sample at home, you must obtain a sterile collection container from our office or your private physician. The time from collection to drop off must not be no more than 60 minutes and you must ensure that sample temperature is maintained at room temperature or body temperature (by carrying near the body). Samples must not be refrigerated or artificially heated.

- 1. Semen analysis appointments are scheduled at the USF Health South Tampa Campus (2 Tampa General Circle, 4<sup>th</sup> Floor) from 9:50 AM 11:10 AM on Tuesday, Wednesday and Friday.
- 2. To book an appointment, call 813-259-0692 option 1. Please let the scheduler know if you will be collecting at home and dropping off your specimen or collecting your specimen at our facility.
- 3. Please note that you MUST PROVIDE PHOTO ID AT THE TIME OF VISIT.
- 4. You will need to refrain from ejaculation by either intercourse or masturbation for 2-5days prior to date of visit
- 5. If you do not have insurance coverage, the charge for the semen analysis is \$150.00. Payment is due at the time of your visit. If you have insurance, your test will be submitted by our financial specialist to your insurance carrier.
- 6. All results will be reviewed with your doctor at your next scheduled appointment. If your test was ordered by a physician outside of our practice, you will need to contact their office for your results.

#### Please use the following instructions to collect your semen sample

- 1. Complete the information below.
- 2. Clean your hands with alcohol prep pad provided.
- 3. Clean your penis with the alcohol prep provided and dry well.
- 4. Produce sample by manual masturbation only.
- 5. Collect all semen in the specimen container provided.
- 6. Place lid back on the container, make sure the lid is secure.
- 7. Place the label provided on the specimen container and place the container in the white paper bag provided.
- 8. When completed please leave your sample in the collection room and alert the clinical staff member that brought you back that you are finished.

#### To be completed by patient

Patient Name:	First	DOB:	
Lasi	FIISI	IVII	
Partner Name:		DOB:	
		ivii	
Ordering Physician:			
Date of Collection: Time of Collection:	Time of Delivery: (If collected	Time of Delivery: (If collected at home)	
Have you had a vasectomy? □Yes □ No Da	nte:/		
How many days have you been sexually abstinent:			
Was the entire sample collected: ☐ Yes ☐ No Co	omment:		
I verify that I am the below signed patient and that the sample I am turning over to the lab is my sample			
Please sign your name:			
TO BE COMPLETED BY CLIN	NICAL STAFF – DO NOT WRITE BELOW THIS	SECTION	
Identification Verification – ID Type: ☐ Driver's Lice	nse 🗆 Other		
Verifying Staff Member Name:	Please check one:	☐ Routine semen analysis	
$\square$ Semen cryopreservation for fertility preservation	$\square$ Semen cryopreservation for intimate pa	artner use	
☐ Semen cryopreservation for third party use			