

## APPOINTMENT REQUIRED FOR ALL SERVICES



Dr. Kathleen Hoeger  
Dr. John Queenan

Dr. Erin Masaba  
Dr. Wendy Vitek

Dr. Snigdha Alur-Gupta

500 Red Creek Dr., Suite 220, Rochester, NY 14623

Phone: 585.487.3378

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print Full Legal Name of Patient Collecting Semen Sample)

Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print Full Legal Name of Partner, if Applicable)

Time Specimen Collected: \_\_\_\_\_ ☐ AM ☐ PM Days Since Last Ejaculation: \_\_\_\_\_

Medications/Supplements (within past 3 months): \_\_\_\_\_

Travel? If so, where and when: \_\_\_\_\_

Exposure to COVID-19 within the last 3 months? If so, when: \_\_\_\_\_

Physician: (check the applicable box below)

- ☐ Dr. S. Alur-Gupta ☐ Dr. K. Hoeger ☐ Dr. E. Masaba ☐ Dr. J. Queenan ☐ Dr. W. Vitek ☐ Dr. J.S. Gabrielsen ☐ Dr. J. O'Brien  
☐ Kriston Ward, NP ☐ Debra Werzinger, PA ☐ Other: \_\_\_\_\_

Were you able collect the entire sample in the provided sterile container? (please circle one) Yes or No

If you were NOT able to collect entire sample, was the first part lost? Yes or No

I understand that this sample will be used for (Please initial at least one of the options listed below):

1 \_\_\_\_\_ Semen Analysis  
Initial

2 \_\_\_\_\_ Semen Cryopreservation for the following reason (\*Additional Consent Required):  
Initial

- ☐ Pre-cancer treatment ☐ Pre-surgery (includes vasectomy) ☐ Drug therapy  
☐ Convenience banking (IUI/IVF Back-up) ☐ Surgical retrieval

3 \_\_\_\_\_ IUI (Intra-uterine Insemination)  
Initial

4 \_\_\_\_\_ IVF (Conventional *in-vitro* fertilization and/or ICSI)  
Initial

### SFC USE ONLY

Photo ID verified by: \_\_\_\_\_

Date: \_\_\_\_\_

Sperm Cryo signed  
consents verified by: \_\_\_\_\_

Date: \_\_\_\_\_

BY SIGNING BELOW, I VERIFY THAT I AM THE PATIENT LISTED ABOVE AND THAT I AM SUBMITTING MY SEMEN SAMPLE TO STRONG FERTILITY CENTER FOR THE PURPOSE OF THE ASSISTED REPRODUCTIVE TECHNIQUE(S) LISTED ABOVE.

\_\_\_\_\_  
Signature of Patient Collecting Semen Sample

\_\_\_\_\_  
Date

### SAMPLE DROP OFF CONSENT

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM UNABLE TO DELIVER MY SEMEN SAMPLE TO STRONG FERTILITY CENTER AND THAT

\_\_\_\_\_  
(Print Full Legal Name of Person Dropping Off Sample)

\_\_\_\_\_  
Date of Birth

HAS MY PERMISSION TO DELIVER MY SEMEN SAMPLE

TO STRONG FERTILITY CENTER ON MY BEHALF. I AM ENCLOSING A COPY OF MY DRIVER'S LICENSE TO VERIFY MY IDENTITY.

\_\_\_\_\_  
Signature of Patient Collecting Semen Sample

\_\_\_\_\_  
Date

Revised 6 .2022

## APPOINTMENT REQUIRED FOR ALL SERVICES



Dr. Kathleen Hoeger  
Dr. John Queenan

Dr. Erin Masaba  
Dr. Wendy Vitek

Dr. Snigdha Alur-Gupta

500 Red Creek Dr., Suite 220, Rochester, NY 14623

Phone: 585.487.3378

### DROP OFF SPECIMEN

1. Schedule your appointment before dropping off your sample. **You must drop off the specimen at your scheduled appointment time. So, plan your time of collection accordingly.**
2. Abstain from ejaculation for **2-5 days** prior to the day of the semen analysis. Do not abstain for longer than 5 days.
3. Patient or partner, not both, may drop off specimen within 1 hour of collection. Specimen must be received by laboratory within **1 hour** after ejaculation. If you are not able to drop off sample within 1 hour of ejaculation, please notify clinic staff ASAP so arrangements may be made to pick up collection media from clinic ahead of time. Please follow instructions for collection on following page for: COLLECTION PROCEDURE FOR DROP OFF >1 HOUR, WITHIN 2 HOURS.
4. **Neither patient nor partner** may have **fever, cough, sore throat, muscle aches, shortness of breath, a positive test for Covid-19 within the last 10 days or if unvaccinated have had exposure to Covid-19 within 10 days.** Patient/partner dropping off specimen is required to wear a mask while in clinic building.
5. Collect the specimen by manual masturbation into the provided sterile container. Do not use lubricants, ointments, or saliva, as they may interfere with the function of the sperm. Collection of semen by intercourse using a condom or by oral stimulation may yield suboptimal samples and should be avoided. If you should need to provide semen by intercourse for religious reasons, you may purchase a special Hygene Collection Condom Kit from Fertility Technologies (<https://www.amazon.com/Hygene-Semen-Collection-Kit-Single/dp/B00B1SIYI0>). In such cases, please collect at home and carefully follow the instructions provided with the collection kit. Do not use store bought condoms or cups. They are harmful to sperm, and we will reject the specimen.
6. After collection, tightly secure cup lid so it is completely sealed.
7. Place cup on hard surface (i.e. table), and **gently swirl cup while upright on hard surface for 8-10 times**, keeping specimen at the bottom of the cup. Do not shake or invert sample.
8. Care should be taken to carry the specimen in the collection container upright and close to the body if ambient temperature is < 74°F (23°C) to avoid exposing it to extreme temperatures. Do not touch the inside of the collection cup, as contamination may occur.
9. You must present a valid, government-issued photo ID when delivering the specimen to our lab. Acceptable forms of ID are: State Driver's License, Military ID, or Passport.
10. ***If your partner is dropping off your sample, you must indicate this by signing the consent to deliver specimen section on the other page. Your partner will need to present a copy of your government-issued photo ID (picture on phone is acceptable) AND their own photo ID when delivering the specimen to our lab.***
11. Completely fill out the Specimen Collection Information form, and return it, along with your specimen. If you are unable to download/fill out the forms, please arrive 15 minutes early to fill out the forms.
12. Once the physician has reviewed and signed off your results, they will be loaded into your MyChart patient portal.
13. If you have any questions, please send a message via the MyChart portal system. Contact the front desk if you need assistance with MyChart account setup.
14. After dropping off the specimen, patient/partner will not be able to wait at clinic.
  - For IUI: patient may wait in their vehicle. Patient/partner will be called when specimen is ready for IUI.
15. Please note that your specimen may **NOT** be accepted if:
  - More than 20 minutes late for scheduled drop off time
  - Patient or partner have fever, cough, sore throat, muscle aches, shortness of breath, or have had exposure to COVID-19 in the last 10 days
  - Collected in unapproved collection cup
  - Collection cup is cracked, broken, or leaking
  - Collection cup is hot or cold to the touch
  - Collection cup is not labeled with the following information:
    1. Patient's first and last name
    2. Patient's date of birth
  - If specimen was received greater than 1 hour after ejaculation.
  - Specimen brought in by unscheduled walk-in

## APPOINTMENT REQUIRED FOR ALL SERVICES



Dr. Kathleen Hoeger  
Dr. John Queenan

Dr. Erin Masaba  
Dr. Wendy Vitek

Dr. Snigdha Alur-Gupta

500 Red Creek Dr., Suite 220, Rochester, NY 14623

Phone: 585.487.3378

### COLLECTION PROCEDURE FOR DROP OFF > 1 HOUR, WITHIN 2 HOURS

#### Home Collection into Collection Media:

1. Place Collection Media in refrigerator until 1-2 hours prior to specimen collection.
2. 1-2 hours prior to ejaculation, warm media by placing it out on countertop or stable surface. The collection media must reach room temperature (72-77°F) prior to collection so that sperm is not cold shocked.
3. Once ejaculate is collected into collection cup, gently tap cup on hard surface to allow ejaculate to settle to bottom of the cup.
4. Open collection media. Be careful not to lose any media, as it is pre-measured so that the lab may calculate accurate sperm counts.
5. Slowly pour collection media over ejaculate while swirling cup. Make sure that ALL collection media is poured into the cup.
6. Tightly secure top of collection cup.
7. Gently swirl ejaculate and sperm wash so they are well mixed. Keep cup upright. Do not invert cup.
8. Follow transport instructions on previous page.
9. If you have any questions or concerns regarding instructions, please call SFC Andrology lab (585-487-3397).