

Specimen Drop Off Form (specimen is being dropped off by someone other than person who produced the specimen).

I, _____ give permission to
(Name) (DOB)

(Name) (DOB)

to drop off my semen specimen to Strong Fertility Center for: (Male partner to initial one from below)

___ Semen processing for intrauterine insemination on _____
(Date)

___ Semen analysis

___ Semen analysis with freeze
(Freeze consent must be signed and virals must be done prior to acceptance of specimen)

___ Cryopreservation/processing of sample for future IUI use
(Freeze consent must be signed and virals must be done prior to acceptance of specimen)

___ Cryopreservation for fertility preservation
(All consents must be signed and virals must be done prior to acceptance of specimen)

I understand that my specimen will not be accepted without this form being completely filled out and accompanied by a copy of my identification (ie driver's license). I declare all statements on this form to be true.

(Signature of patient producing semen specimen)

(Signature of person dropping off specimen)