

# Sperm Collection Form for Surgically Retrieved Sperm



UNIVERSITY of  
**ROCHESTER**  
MEDICAL CENTER  
Strong Fertility Center

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Phone: 585.487.3378

Date of Procedure: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Full Legal Name)

Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Full Legal Name)

Specimen source:  Testicular Tissue (TESE)  Testicular Aspiration (TESA)  Epididymal Aspiration (MESA/OESA/PESA)

Urologist:  Dr. J.S. Gabrielsen  Other: \_\_\_\_\_

I, the undersigned, understand that upon receipt, the IVF lab at Strong Fertility Center will process my specimen, search for sperm, and cryopreserve sample(s) *if determined to be usable for IVF*. **In the event that usable sperm are NOT found in my specimen**, I would like the IVF lab to (Please select one of the following):  Discard Specimen  Freeze Specimen Anyway

Usable specimens cryopreserved for imminent IVF insemination will be stored on-site until completion of partner's treatment through Strong Fertility Center. Specimens collected for fertility preservation purposes and specimens deemed to be *not usable* for IVF will be stored on-site until shipping arrangements are made with ReproTech for long-term storage. *All patients are required to establish an account with ReproTech for long-term storage of cryopreserved sperm.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

## SAMPLE DROP OFF CONSENT

I, \_\_\_\_\_ am unable to deliver my specimen to Strong Fertility Center,  
(Print Full Legal Name)

I hereby designate, \_\_\_\_\_ to deliver my sample on my behalf.  
(Print Full Legal Name) Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

### UR USE ONLY

Time Specimen Collected: \_\_\_\_\_

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

#### Chain of custody:

Retrieval site provider/nurse/andrologist Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Time: \_\_\_\_\_  
Verified specimen & patient ID

SFC Andrologist receiving specimen Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Time: \_\_\_\_\_  
Verified specimen & patient or designee ID

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### TRANSPORT INSTRUCTIONS

1. Collection cup or tubes must be labeled with patient first and last name and date of birth.
2. Must bring filled out Collection form and cryopreservation consent with specimen.
3. Please transport specimen directly to Strong Fertility Center immediately upon receipt of specimen.
4. Care should be taken to carry the specimen in the collection container upright and close to the body to avoid exposing it to extreme temperatures.
5. The partner or relative delivering the semen sample must present a valid government issued photo ID when delivering the specimen. Acceptable forms of ID are: State Driver's License, Military ID, or Passport.