



IUI SEMEN COLLECTION INSTRUCTIONS & INTAKE

Female Patient Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

Male Partner Name: _____ Acct #: _____ DOB: _____
PLEASE PRINT FULL PROPER NAME

An appointment for an IUI must be booked before the semen sample can be dropped off to our lab. Please bring your government issued photo ID (driver's license) with you at the time of your appointment.

Sample Collection:

- Wash and dry hands thoroughly.
- Write your FULL/PROPER name, date of birth, and time of collection on the container.
- Semen samples are to be collected by masturbation directly into a sterile, DRY container (water will kill sperm). Collection kits are available for pick up from your nurse. Condoms must NOT be used.
- If part of the specimen is not collected into the container, the lab should be notified. Please note which part of the ejaculation was not collected (beginning, middle or end).
- Be sure lid is securely tightened.

Transportation:

- The sample must be received in the laboratory within 1 hour of collection since sperm activity decreases with time. If sample cannot be delivered to the lab within this time frame, the sample must be collected on site at the laboratory.
- The sample must be kept as close to body temperature as possible. Excessive warming/cooling will result in less than optimal sperm activity. (Keep under arm or in other body temperature location).

When arriving at Coastal Women's Healthcare:

- Please check-in at the front desk. You will need to have your insurance card scanned and your picture taken at this time as well as verification of the spelling of your name and your billing address.
- Proceed to the laboratory waiting area and have a seat; a tech will be with you shortly.

Please answer the following questions:

For a semen test to be accurate it is very important that the specimen is collected and transported in accordance with the IUI Semen Collection Instructions listed above.

About this specimen:

- Days of abstinence: ____ (number of days since last ejaculation)
- Was sample collected by masturbation? Yes No, collection method: _____
- Was sample held at body temperature (37°C / 98.6°F)? Yes No
- Collection Date: _____ Collection Time: _____
- Was the entire sample collected? Yes No, % NOT collected: _____ Beginning, middle or end of specimen lost? _____
- Where was the sample collected? CWH Off Site, delivered by: Female Patient Male Partner

I have verified that the demographic information of myself and my partner is correct as written above; that the responses to the above questions are correct to the best of my knowledge and I further confirm the identity of the semen sample submitted to be mine/my partner's. I further understand that this sample will be used for Intrauterine Insemination (IUI) with my partner.

Patient/Partner Signature: _____ Date: _____

Lab Office use only:

Specimen Receipt Verification: Please answer and initial each field.

Sample Receipt: Date/ Time: _____

Specimen Kept at Body Temp: Yes No Lab Label Checked: Yes No

Laboratory Verification of Sample: Please sign and date.

Patient demographics on the original sample cup matches that on the final sample syringe.

Performing Tech Verification: _____ Date: _____

Secondary Tech Confirmation: _____ Date: _____

Government Issued Photo ID Checked: Patient ID Partner ID