

## SEMEN COLLECTION INSTRUCTIONS

**APPOINTMENTS ARE ESSENTIAL** and please bring your request form from your doctor with you. Refer to bottom of form for locations of City Fertility clinics.

**Samples are to be produced TWO to FIVE days since last ejaculation**

**Bring this sample, declaration and request form to the laboratory within ONE HOUR of production**

1. LABEL the container with your NAME and DATE OF BIRTH
2. EMPTY your bladder
3. WASH and DRY your hands THOROUGHLY
4. Collect by MASTURBATION into STERILE SPECIMEN JAR and DO NOT USE CONDOMS OR LUBRICANT OF ANY KIND
5. Ensure lid is on TIGHTLY
7. Complete the DECLARATION below and ensure ALL sections are completed
8. Transport your sample close to body temperature (e.g. in pocket) - do not refrigerate

**PLEASE NOTE: IF YOU ARE HAVING DIFFICULTY PRODUCING A SAMPLE DON'T PANIC. CONTACT CITY FERTILITY AND WE CAN ARRANGE AN ALTERNATIVE TIME**

### PATIENT DECLARATION

**"I HEREBY CERTIFY THAT I HAVE READ THE PRIVACY STATEMENT SUPPLIED TO ME BY CITY FERTILITY AND THAT THE SEMEN SAMPLE IN THE CONTAINER MARKED WITH MY/MY PARTNERS' NAME AND DATE OF BIRTH IS MY/MY PARTNERS SAMPLE"**

FULL NAME		DATE OF BIRTH	
PARTNER		DATE OF BIRTH	
ADDRESS			
DID YOU COLLECT THE WHOLE SAMPLE: <input type="checkbox"/> Yes <input type="checkbox"/> No		ABSTINENCE (since last ejaculation)	
DATE OF SAMPLE	___ / ___ / _____	TIME OF PRODUCTION	_____ am / pm
SIGNATURE			

**CITY FERTILITY USE ONLY:** If sample is delivered to the laboratory for preparation by the patient receiving treatment, then the person who collected the sample for the insemination process must be contacted and confirmed that the sample is theirs.

Received / Thawed by:	ID check (initial): Type ID: Licence / Other .....	Time & Date:	___ / ___ / ___ am/pm
<b>INITIAL</b>	<b>FINAL / POST THAW</b>	<b>OTHER</b>	
Start time	Prep scientist	Witness	
Volume	mL	Volume	mL
		Liquefaction complete	YES / NO + / ++ / +++ Comment:
Count	x 10 <sup>6</sup> /ml	Final Count	x 10 <sup>6</sup> /ml
		IVF/ICSI dilution	x 10 <sup>6</sup> /ml
Motility	%	Motility	%
		HALO test (DFI)	%
IMM ___ / TWI ___ / MOT ___	Prep Method	Antibodies	%
Morphology	%	IVF insem calc sci: (100,000/conc/motility/10)	Insem Vol:
		D CODE	
pH		IVF insem calc wit:	
		Sticker from donor vial:	STICKER HERE
Comments	Date and time called: _____ Scientist calling partner: _____ Confirmation to proceed: YES / NO		

#### City Fertility Laboratory Locations:

BRISBANE  
SUNNYBANK  
GOLD COAST  
SYDNEY LIVERPOOL  
SYDNEY CBD  
MELBOURNE  
BUNDOORA

Brisbane Private Hospital, Level 8, 259 Wickham Tce, Spring Hill  
Level 1, 309 Mains Rd, Sunnybank  
Eastside Building, 232 Robina Town Centre Drive, Robina  
Level 1, Suite 101, 7 Moore Street (Access via Bigge St) Liverpool  
Gateway Tower, Level 18, 1 Macquarie Place, Sydney  
493 St Kilda Rd, Melbourne  
Level 1, Suite 1, 240 Plenty Rd, Bundoora

Ph 1800 123 483  
Ph 1300 483 784  
Ph 1300 859 116  
Ph 1300 277 447  
Ph 1300 118 886  
Ph 1300 781 483  
Ph 1300 483 232