CONSENT FOR OFF SITE SEMEN SPECIMEN COLLECTION

When bringing a semen specimen from home or other off site locations, please observe the following procedure:

1. Abstain from ejaculation for 2 to 3 days prior to specimen collection.
2. Collect the specimen into a sterile container provided by Rush Center for Advanced Reproductive Care (RCARC) or your physician's office.
3. Properly label the container with your name and that of your partner.
4. Bring the specimen to our office within one hour from the time of production.
5. Keep the specimen warm, but not hot. Do not expose the specimen to extremes of temperature such as heating or air conditioning vents, heating pads, or microwaves. Do not place it in direct sun. The specimen may be carried next to your body to keep it warm.
6. **Both partners must sign this consent each time a specimen is brought from home. Without a completed consent, the specimen will be rejected.** The andrologist will not process a specimen without a completed consent.
7. **Photo identification for both partners is required at the time of specimen drop off.** A copy of the photo identification must be provided if one of the partners is not available at time of drop off.
   - We (patient and partner) acknowledge that we have read and understand the instructions listed above.
   - We (patient and partner) accept full responsibility for the identity of the semen donor and the condition of the sample produced.
   - We recognize that Rush Center for Advanced Reproductive Care (RCARC) has no control over the source or condition of a semen specimen produced at home or other off site collection locations.

**PATIENT INFO TO BE FILLED OUT BY PATIENT AND PARTNER:**

Time Specimen Produced: ________________

Patient/Partner Delivering Sample (PRINT NAME) ______________________________________________________

Date of last ejaculation: ________________

Method of Semen Collection: □ Masturbation □ Other ________________________________

Was any of the sample lost? □ Yes □ No 
If Yes, what fraction? □ Initial □ Middle □ Final

Male partner (printed name): ____________________________________________________________________

Male partner signature and date: ________________________________________________________________ __ / __ / __

Female partner (printed name): ________________________________________________________________

Female partner signature and date: ________________________________________________________________ __ / __ / __

**LAB USE ONLY:** ID Check: □ Yes □ No ____________ RCARC personnel checking ID

Time Sample Accepted: ________________