



Off-Site Semen Specimen Collection Form

PLEASE PRINT CLEARLY AND LEGIBLY

DEPOSITOR INFORMATION

NAME: _____ PATIENT NUMBER: _____

BIRTH DATE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (Home): _____

TELEPHONE (Work): _____

TELEPHONE (Cell): _____

EMAIL ADDRESS: _____

SPECIMEN INFORMATION

Date and time of your last ejaculate (the one prior to this): _____

Date of current specimen collection: _____

Time of current specimen collection: _____

Was any part of the sample missed during collection? (Circle one): NO YES

I certify that I produced the enclosed specimen and it contains only my semen. This specimen was packed by myself or my designated representative, for delivery to New York Cryo.

Depositor Signature

Date

Depositor Print Name