

Semen Fertility Investigation:

Questions? – Please call 9433 5696 for further information

Your Name: _____

DOB: _____

Please print out this form, complete and give to the Collection Centre along with your pathology request form.

Time /Date of sample collection:

Time: _____

Date: _____

Was the sample collected by masturbation only, without the use of Condoms or lubricants?

Yes

No If No, then please specify:

Number of days since last ejaculation: _____

Was the entire semen sample collected into the jar?

Yes

No If No, then you should repeat the collection process again.