

Rush Center for Advanced Reproductive Care
Clinical Andrology Laboratory
1725 W. Harrison St. • Suite 119 • Chicago, IL 60612
312-563-4024 • 312-563-4432 (FAX)

CONSENT FOR OFF SITE SEMEN SPECIMEN COLLECTION

General Informed Consent



IDN13150039

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

AN APPOINTMENT MUST BE MADE WITH THE ANDROLOGY LABORATORY PRIOR TO BRINGING YOUR SAMPLE FROM HOME. PLEASE CALL 312-563-4024 TO SCHEDULE AN APPOINTMENT.

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: _____