

# Specimen Collection Form

**Family Beginnings, P.C.**  
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**Indianapolis, IN 46256**  
**317-595-3665**

Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Time of Collection \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Container: Specimen cup \_\_\_\_\_  
Condom \_\_\_\_\_

I was abstinent (did not ejaculate) for \_\_\_\_\_ days before collecting the specimen.

Was any of the specimen lost or spilled during collection? Yes or No (circle one)

Method of collection: Ejaculation \_\_\_\_\_ Intercourse/Condom \_\_\_\_\_

Medications taken within the last 3 months: \_\_\_\_\_

Comments: \_\_\_\_\_

Phone number to call results \_\_\_\_\_ Okay to leave message \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR SEMEN SPECIMEN. MAKE SURE YOUR FULL NAME AND THE DATE IS ALSO ON THE SPECIMEN CONTAINER.

I verify that this sample belongs to me or my partner \_\_\_\_\_.  
(signed at time of specimen drop-off)

Received by \_\_\_\_\_ Time \_\_\_\_\_