

Family Beginnings, P.C.
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Specimen Collection Form

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 _____ Aspiration _____

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 _____