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SPECIMEN DROP OFF FORM

(specimen is being dropped off by someone other than person who produced the specimen).

I, _____ give permission to
(Name) (DOB)

(Name) (DOB)

to drop off my semen specimen to Kentucky Fertility for: (Male partner to initial one from below)

_____ Semen processing for intrauterine insemination: valid from _____ to _____
(Date) (Date)

_____ Semen analysis

_____ Cryopreservation/processing of sample for future IUI/ IVF/ Fertility Preservation use

(Appropriate storage consent must be signed and infectious disease testing must be done prior to acceptance of the specimen)

I understand that my specimen will not be accepted without this form being completely filled out and accompanied by a copy of my identification (ie driver's license). I declare all statements on this form to be true.

(Signature of patient producing semen specimen) (Date)

(Signature of person dropping off specimen) (Date)