



Andrology Laboratory and Sperm Bank  
Therapeutic Sperm Banking Off-site Collection

I, \_\_\_\_\_, Social Security # \_\_\_\_\_,  
(Last Name, First Name)

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_,

have collected my semen specimen outside of The Cleveland Clinic Andrology Laboratory specimen producing room. The specimen was collected by masturbation:  Yes  No (check one), or by other methods (please specify) \_\_\_\_\_. The specimen was produced at (give exact time) \_\_\_\_\_ at my residence. The Andrology Laboratory and The Cleveland Clinic Foundation will not be responsible for incorrect collection method, contamination during specimen collection or changes in sperm due to delay in specimen processing.

\_\_\_\_\_

I certify that the sample I have provided for sperm cryopreservation was produced by me and I have labeled it correctly.

\_\_\_\_\_  
Witness signature and date

\_\_\_\_\_  
Client Depositor signature and date

\_\_\_\_\_  
Witness name (printed)

\_\_\_\_\_  
Client Depositor Name (printed)

Effective Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

Revision No: \_\_\_\_\_