

**Semen Analysis Drop Off Consent Form**

I, \_\_\_\_\_ attest that the specimen  
presented by \_\_\_\_\_ was collected on  
\_\_\_\_\_ (date) and at \_\_\_\_\_ (time) by me.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Initial

\_\_\_\_\_  
Date