

DROP OFF COLLECTION CHECKLIST

Name: _____

Date: _____

You **MUST** complete this checklist clearly and legibly by asking yourself the following questions. Circle your answers. Include the completed checklist in the side pocket of the biohazardous bag.

- 1) Is the container labeled correctly with your **First and Last name, Date of Birth (DD/MMM/YYYY) and Time of Collection?** Yes or No

- 2) Were you able to produce a semen sample? Yes or No

- 3) What time did you collect your sample? _____

- 4) When was the **last date** you performed any sexual activity*? (do not include today)
 - i) *This includes masturbation and wet dreams. _____

- 5) Have you had a vasectomy procedure? Yes or No
Note: A vasectomy is a procedure done by a doctor to prevent you from having more children.
 - i) Have you had a vasectomy reversal? Yes or No

- 6) Have you tightly secured the lid of the sample container(s)? Spilled samples will not be accepted by staff. Yes or No

- 7) Have you placed **your original doctor signed requisition (filled out completely)** in the outside pocket of the biohazardous bag? Circle ONE answer below.
 - i) Yes
 - ii) No, I have uploaded my requisition online
 - iii) No, I do not have a requisition

- 8) Once complete, **place this page in the outside pocket of the biohazardous bag with your requisition.**

- 9) Deliver to lab. **Bring your health card (or copy) to the appointment.**

Reminders: Samples received in the lab within one hour of production provide the most accurate results. All samples must be produced less than two (2) hours before your prescheduled appointment to drop off the sample. **Samples MUST be kept at body temperature during transport.**

	Received from medical practitioner	Received in package	Drop off at FlowLabs
Requisition	Yes		Yes
Instruction package		Yes	
Sample container		Yes	Yes
Drop off Checklist		Yes	Yes - completed

Thank you for your cooperation.