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## *Drop off Collection Checklist*

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this checklist by asking yourself the following questions and circling your answer. Include the completed checklist in your biohazardous bag.

1. Is the container labelled correctly with your **First and Last name, Date of Birth** (dd/MMM/yyyy) and **Time of Collection**? Yes or No
2. What time did you collect your sample? \_\_\_\_\_
3. Is your writing clear and legible for FlowLabs staff to read? Yes or No
4. When was the **last day** you performed any \*sexual activity? (do not include today) \*This includes masturbation. \_\_\_\_\_
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.  
Have you had a vasectomy reversal? Yes or No
6. When is your next appointment with your doctor? (if known) \_\_\_\_\_
7. Have you placed **your original doctor signed requisition (filled out completely)** in the outside pocket of the biohazardous bag? Yes or No
8. Have you tightly secured the lid of the sample container(s)? Spilled samples will not be accepted by staff.
9. Once complete, place this page in the outside pocket of the biohazardous bag with your requisition

Thank you for your cooperation.