



**IVF & Preimplantation
Genetic Diagnostic
Centre**



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Semen sample description

Patient's name (female/wife):	
Partner's name (male/husband) (or donor's number):	
Date of semen sample collection:	
Time of collection:	
Description:	<input type="checkbox"/> Fresh native sperm
	<input type="checkbox"/> Fresh sperm with flushing media
	<input type="checkbox"/> Frozen sperm
Doctor's name	