

PLEASE COMPLETE THE FOLLOWING FORM WHICH MUST ACCOMPANY THE SPECIMEN:

Patient Name: _____ Date of Birth: _____

Wife/Partner's Name: _____

Physician: _____

Days of Abstinence: _____

Date and Time of Specimen Collection: _____

Method of Collection: Masturbation (Yes): _____ Other: _____

Was any specimen lost in collection? (Yes): _____ (No): _____

If yes, which portion was lost? Beginning: _____ End: _____

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