



CCRM Minneapolis  
6565 France Avenue, Suite 400  
Edina, MN, 55435  
Phone: (952) 225-1630

## IVF LABORATORY SPERM PREPARATION

Kunz, Brooklyn

21519  
1/6/1993  
Kunz, Carson

21876  
7/1/1990  
21519



Date specimen collected: 10.15.23 Time specimen collected: 7:34 Days of abstinence: 7+

Medications: \_\_\_\_\_ Was the entire sample collected? ☒ Yes ☐ No

*By signing, I verify that I am the male partner listed above and that I have given my semen sample to an embryologist at CCRM Minneapolis for the purpose of in vitro fertilization.*

Partner's Signature: [Signature]

Source of Sperm:	<input checked="" type="checkbox"/> Partner, fresh	<input type="checkbox"/> Partner, frozen. Location:	<input type="checkbox"/> Donor, number: _____ Location:
Collection Method:	<input checked="" type="checkbox"/> Masturbation	<input type="checkbox"/> PESA	<input type="checkbox"/> MESA
Collection container:	<input checked="" type="checkbox"/> Lab provided	<input type="checkbox"/> TESE	<input type="checkbox"/> Retrograde
Rec'd and ID verified by:	<u>KAM</u>	Time rec'd:	<u>0733</u>
		Time processed:	<u>0740</u>
		Processed by:	<u>KAM</u>
		Witnessed by:	<u>EWS</u>

<b>Frozen Sample Information</b>	<b>Donor number:</b> if applicable
Date of freeze:	
# vials thawed: <u>0</u>	# vials remaining: _____

<b>Pre-Processing Sample Values</b>																											
Volume: <u>2.9</u> mL	Rate of Progression 0-3: <u>2+</u>																										
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Prep Method ☐ PureSperm/wash/swim-up ☐ wash only ☒ Zymot

Time into Incubator: 0032

Comments: