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Zephyr Patient Questionnaire Form and Instructions

Patient Code: _____

Patient DOB: (/ / _ _ _ _)

Patient On Any Medication? (Y / N)

Patient Using Fertility Supplements? (Y / N)

Day & Time Sample Created: (/ / _ _ _ _) ---> **TIME:** (__:__)

Abstinence, before sperm creation (Check One)?

- ☐ **Less than 2 days**
- ☐ **Between 2-5 days**
- ☐ **Greater than 5 days**

Appearance: O - None, O - Normal, O - Cloudy, O - Clear

Odor: O - Normal, O - Option 1, O - Option 2, O - Option 3

Volume Produced? _____ **Was Sample Complete [] or Spilled []?**

Any lotions/Saliva used (Y / N)

<p>Instructions: 1) Ejaculate into the clean wide-mouthed container provided. 2) Drop off to lab/office within 1 hour of ejaculation 3) During transport samples should be kept between 20 °C and 37 °C. 4) Please turn-in completed Questionnaire form with your sample.</p>
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