



# Human Sperm Assay Sample Submission Form

Official Copy

Fill out this form completely and submit with test article(s). Any missing information will delay the processing of the test article(s).

Company \_\_\_\_\_ Contact name \_\_\_\_\_

Contact Fax # or E-mail address (for receipt of this form) \_\_\_\_\_

Company telephone number \_\_\_\_\_

Number of test article(s) in this shipment \_\_\_\_\_ P.O. number \_\_\_\_\_

**Check Test Method:**

**Rush Assay (charges doubled)**  YES

HSSA (Human Sperm Survival Assay or Sperm Motility Assay):  24-hours  48-hours  72-hours

SPA (Sperm Penetration Assay)  SM Sperm Motility Recovery Index (SMRI)

SC (Sperm Cryosurvival)  CASA (Computer Assisted Sperm Analysis)

SCSA (Sperm Chromatin Structure Assay)  SMA (Sperm Morphology Assessment)

Other Specify sperm assay requested and duration: \_\_\_\_\_

**Sponsor Test Article Specification:** \_\_\_\_\_

**NOTE:** When sending **MULTIPLE** test article **LOTS** indicate the following:  Test Individually  Test Pooled

**\*\*IF A LOT CONSISTS OF MORE THAN ONE TEST ARTICLE, PLEASE INDICATE THE NUMBER TO BE POOLED AS ONE ASSAY**

| Test Article Description: | Reference Number: | Lot Number: | **Number Pooled: |
|---------------------------|-------------------|-------------|------------------|
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |
| _____                     | _____             | _____       | _____            |

**Set-up Instructions:** \_\_\_\_\_

**Do these instructions deviate from your current QCP/SOP?**  Yes  No

Recommended method of test article disposal: \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Embryotech™ Laboratories Inc. and faxed or emailed to Sponsor**

Receipt date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

ELI Accession number: \_\_\_\_\_ Condition of Shipment:  Good  Damaged (Explain)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                             |                    |                                     |              |                 |
|-----------------------------|--------------------|-------------------------------------|--------------|-----------------|
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