

Patient last name	Given name [including middle initial]	Sex	Date of birth	Your reference
Patient address			Telephone [home]	Telephone [business hours]

Tests requested

- Semen Analysis (SA)
- Sperm Antibodies (SAB)
- Semen Storage

Clinical notes

LABORATORY COPY

URGENT TEL FAX BY TIME

TEL/FAX No:

PRIVATE

VET AFFAIRS / WORKCOMP No:

DOCTOR'S SIGNATURE AND REQUEST DATE

X Request Date: / /

Copy reports to:

Hospital ward

Referring doctor [Provider, name, address]

PRACTITIONER USE ONLY
SELF DETERMINED

Medicare Assignment [Section 20A of the Health Insurance Act 1973]
I assign my right to the benefits to the approved pathology practitioner who will render the requested pathology service[s].

PATIENT'S SIGNATURE AND DATE

Date: / /

Accredited for Compliance with NPAAC Standards and ISO15189

I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct inquiry.

Signed
Person collecting specimen Specimen date & time Hrs

Patient last name	Given name [including middle initial]	Date of birth	Your reference
Patient address		Telephone [home]	Telephone [business hours]

Tests requested

Referring doctor [Provider, name, address]

PATIENT COPY

Your doctor has recommended that you use MIVF PATHOLOGY. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

Hospital status of patient at specimen collection or date of service

Private patient in private hospital or approved hospital day facility	yes	no
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Hospital patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

PRACTITIONER USE ONLY
Reason patient cannot sign
SELF DETERMINED

Medicare Assignment [Section 20A of the Health Insurance Act 1973]
I assign my right to the benefits to the approved pathology practitioner who will render the requested pathology service[s].

PATIENT'S SIGNATURE AND DATE

Date: / /

Semen Collection

AS THIS IS A TIME-SENSITIVE TEST, APPOINTMENTS ARE ESSENTIAL.
SAMPLES CAN THEREFORE BE ACCEPTED ONLY AT THE LOCATION WHERE YOUR APPOINTMENT WAS MADE.

Collecting your semen sample

Please follow these instructions exactly;

- Obtain a sterile container from your doctor, local pharmacy or Melbourne IVF.
- **Avoid intercourse or masturbation for a minimum of 2 days and maximum** of 7 days before your appointment.
- Write your full name, date of birth and number of days abstinence on the container prior to collecting your sample.
- Produce your sample by masturbation, directly into the labelled container without using lubricant or a condom.
- If bringing your semen sample from home, **produce your sample within 1 hour of your appointment.** While in transit, keep the sample at body temperature by carrying it in a pocket close to your skin.
- If you live more than one hour's travel time away from your appointment location, or would prefer to use one of our private collection rooms, please make this known to us at the time you make your appointment as limited room times are available.
- Full payment is required on delivery of your sample to Melbourne IVF.
- This request slip **must** accompany your sample.

For clinical reasons, your doctor has requested these tests be performed by the Andrology Laboratory at Melbourne IVF. While you are free to have these tests done by a laboratory of your choice, results may be delayed and a Medicare benefit cannot be claimed. Please inform your doctor if you elect to use a provider other than Melbourne IVF.



MAKING YOUR APPOINTMENT

Appointments are available at the following locations:

East Melbourne

Level 1, 344 Victoria Parade

T (03) 9473 4749

Monday - Friday: 9.00 am – 3.00 pm

Templestowe Lower

268 Manningham Road

T (03) 9473 4749

Monday - Friday: 9.00 am – 3.00 pm

Email: andrology.bookings@mivf.com.au