



ANDROLOGY REQUEST

Medicare Card Number

Tel 1800 837 284
virtusdiagnostics.com.au

Patient Last Name	Given Names	Date of Birth	Your Patient's Ref:
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Patient Address	Postcode	Tel (Home)	Tel (Other)
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Tests Requested

LABORATORY COPY

Clinical Notes

Collection Time:

Urgent Phone Fax By Time: Phone/Fax No:

Private Schedule Rebate Veteran Affairs No:

Doctor's Signature and Request Date

X Date:

Report copy to:

Hospital/Ward

Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
I offer to assign my rights to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient's Signature and Date

X Date:

Practitioner's Use Only:
(Reason patient cannot sign.)



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This document is issued in accordance with the NATA/RCPA accreditation requirements. Accredited laboratory 19906.



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Patient Last Name	Given Names	Date of Birth	Your Patient's Ref:
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Tests Requested

PATIENT COPY

PRIVACY NOTE

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
I offer to assign my rights to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient's Signature and Date

X Date:

Your doctor has recommended that you use Virtus Diagnostics or Melbourne IVF. 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.

Semen Collection

Please note: As this is a time sensitive test, **appointments are essential.**

Samples are only accepted at the location where your appointment was made.

Collecting your semen sample

Please follow these instructions exactly:

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

LOCATION	ADDRESS	OPEN	PHONE/EMAIL
EAST MELBOURNE	Melbourne IVF 344 Victoria Parade	9am - 3pm Mon - Friday	03 9473 4749 andrology.bookings@mivf.com.au
TEMPLESTOWE LOWER	268 Manningham Road	9am - 3pm Mon - Wed	03 9006 5500 andrology.bookings@mivf.com.au

FAQ

Do you bulk bill?

Patients will receive the relevant patient rebate from Medicare for the test/s requested. subsidising part of the fee charged. A Medicare rebate is not offered for Sperm Freeze, Sperm Storage and DNA Fragmentation.

Do I need a referral and what happens if I forget to bring the referral?

For Semen Analysis and/or Antibodies a request form is required. A request form is not required for Sperm Freeze and Sperm Storage. The request form can be faxed to: 03 9473 4468 or emailed to andrology.bookings@mivf.com.au

Can someone else drop the sample off on my behalf?

Yes, a patient's partner can drop off the sample. An appointment is still required.

When will my doctor receive my results?

Your requesting doctor will receive your Semen Analysis/Antibodies report within 2 working days if a request form has been provided. Other tests, such as the DNA Fragmentation test can take up to 2 weeks to report.