



CARE
FERTILITY

Request for Andrology Services

Suite 9A
Administration Building
Greenslopes Private Hospital
Newdegate Street
Greenslopes QLD 4120

Tel: 07 3394 4108
Fax: 07 3394 4109
Email: info@carefertility.com.au
ABN: 33 479 491 807



Surname, Given name (including middle initials)

Date of birth

Your reference

Patient address

Phone (Home)

Phone (Work)

Request (please tick)

Semen analysis ☐

Sperm prep for intrauterine insemination ☐

Sperm prep for IVF / ICSI / IMSI ☐

Sperm freezing ☐

Vibrastimulation sample ☐

Please make an appointment by telephoning 07 3394 4108 to submit your semen sample if you are collecting your sample at home, or if you wish to use the collection rooms at Care Fertility. This will ensure that a scientist is available to perform the analysis.

Clinical Notes

! ☐ ☐ ☐ :
I

REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE

X DOCTOR

Copy reports to

Was condom used Yes / No ?

Were lubricants used Yes / No ?

Medications use Yes / No ?

Any illness in the previous 3 months Yes / No ?

Was any sample lost? Yes / No ?

Requesting Doctor (provider number, surname and initials, address ☐ if self det

Information for the patient - Collecting a semen sample

Abstain from sexual intercourse, or ejaculation, for 2 days before providing a sample. Collect the entire semen sample by masturbation into the container provided (withdrawal intercourse or lubricants should not be used). Place the sample with this form into the plastic bag provided, and deliver to the Care Fertility reception within 1 hour of collection. A map and directions for Care Fertility are printed on the back of this form and more detailed directions can be found on the Care Fertility website www.carefertility.com.au. Please bring request form when the sample is submitted.

For the patient to complete

Time sample was produced _____ am Time since last ejaculation _____ days

I confirm that this is my sample. Name _____ Signature _____ Date _____



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Medicare Australia administers the rules set by the Department of Health and Ageing for pathology testing. There are out of pocket expenses incurred and you are advised discuss these with the staff of Care Fertility prior to the sample submission.

Medicare card number

Hours for receipt of semen samples Monday-Friday 8.00am - 1.00pm. Tel: 07 3394 4108.
Email: info@carefertility.com.au

Care Fertility Administration Staff

For therapeutic procedure (IUI, ICSI, IVF, Freezing)

Photo Match ☐

Signature Match ☐ Patient Signature Sample: _____

Signature of staff member: _____

Care Fertility Scientific Staff

Identity check ☐

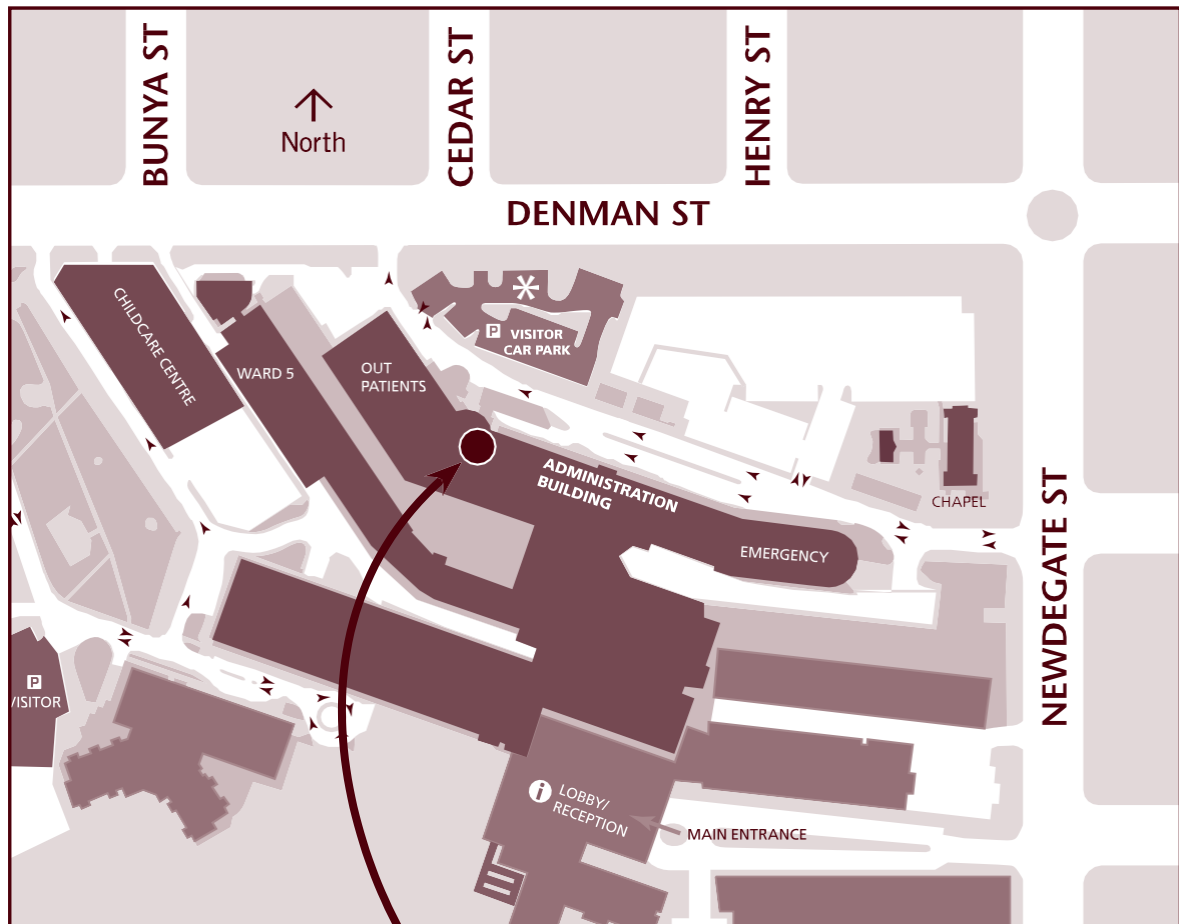
Time received: _____

Name of staff member: _____

Signature of staff member: _____

Your doctor has recommended that you use Care Fertility. 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.

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 authorized/required by law.



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Directions

Drop-off

Follow the signs to Accident and Emergency and the Administration Building and park in a short term parking slot on the left.

For parking

Proceed to the visitor's car park* (near the administration building) or the multi-storey car park (near the main entrance).

From the visitors car park*

Enter Administration Building main entrance. Take the first corridor on the right and proceed to the Care Fertility reception located on the left.

From the multi-storey car park

Enter through the main entry to the hospital and proceed to Hudsons Coffee, turn right in front of the information desk and continue to the end of the corridor (towards Nephrocare). Then either take the lift to the ground floor or take the stairs two floors down. From the foyer of the lifts go down the corridor straight ahead to find Care Fertility on your left, if using the stairs take the corridor on your left and find Care Fertility on your left.