

Women's & Children's Pathology — Andrology

The Royal Women's Hospital APA
 Cnr Flemington Rd & Grattan St Parkville
 The Royal Children's Hospital
 Flemington Rd Parkville 3052

Lab number

PATIENT Surname		Given names			
Address					
				U.R. number	
Date of birth / /	M/F	Tel.	<input type="checkbox"/> Pensioner <input type="checkbox"/> TAC <input type="checkbox"/> VA		
IRN/Medicare number					

MEDICAL ASSIGNMENT (Section 20A of the <i>Health Insurance Act 1973</i>) I offer to assign my right 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 signature _____ Date / /		Practitioner's use only (Reason patient cannot sign)
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VA/TAC																			
Account to																			

CLINICAL NOTES (including medications please)

REQUESTING DOCTOR Surname	Initials
Address	
Pager	
PROVIDER NUMBER	
Contact number for actionable results	
Copy to (Dr's name and address and provider number)	
<input type="checkbox"/> RWH <input type="checkbox"/> NHP	

TESTS REQUESTED

Your doctor has recommended that you use Women's & Children's 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.

Doctor's signature	Request date / /
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I certify that the accompanying specimen was collected from the patient stated above as ascertained by inquiry and/or examination of name band and was labelled immediately following collection.

Signed

Print name

Date / /

Time

ERC 121033 Stock number 313815

Instructions for Collection of Semen for Analysis

Please bring this form with you.

Samples accepted by **APPOINTMENT**.

Sterile specimen collection jars available from the **Andrology Unit RWH**, your referring doctor or local chemists.

1. Avoid intercourse or masturbation for a few days (2 - 7 days) before your test
2. Write your **full name, date of birth and date and time of collection of samples** on the specimen collection jar
3. Produce the sample by masturbation without lubricant
4. Samples should be delivered in Andrology Unit within 1 hour of collection
5. Carry the sample in a pocket to prevent chilling
6. Samples can also be produced at the Andrology Department in a private room.

I consent to the use of my semen for educational or quality assurance purposes, and research approved by the RWH Research and Ethics Committees on semen testing or causes and treatments of infertility but not involving storage of live sperm, fertilisation or genetic (DNA) studies.

Signed _____

Andrology Unit

321 Cardigan St. Carlton

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Fax: 8345 3990

