

Medicare Card Number

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

Tests Requested

LABORATORY COPY

Clinical Notes

Collection Time
Time/Hours Post Dose

Urgent Phone Fax By Time: _____ Phone/Fax No: _____

Private Schedule Rebate Veteran Affairs: _____

Doctor's Signature and Request Date

X

Report copy to: _____ **Requesting Practitioner:** (Including Family Name, Initials, Address, Provider No.)

Hospital/Ward _____

<p>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.</p>	<p style="text-align: center;">Patient's Signature and Date</p> <p>X</p>
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Practitioner's Use Only:
(Reason patient cannot sign.)

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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

<p>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.</p>	<p style="text-align: center;">Patient's Signature and Date</p> <p>X</p>
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Your doctor has recommended that you use Virtus Diagnostics, Queensland Fertility Group or The Fertility Centre. 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

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, Queensland Fertility Group 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, date of sample collection 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 45 minutes of your appointment.**
While in transit, keep your sample at body temperature by carrying it in your pocket, close to your skin.
- 6 If you live more than 45 minute'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	TEL	WEEKDAYS	SATURDAY
CAIRNS	Queensland Fertility Group 16 Upward St	(07) 4041 2400	By appointment	Closed
GOLD COAST Benowa	Queensland Fertility Group Suite 6 Pindara Place 13 Carrara Street	(07) 5564 8455	By appointment	By appointment
GOLD COAST Benowa	The Fertility Centre 210 Ashmore Road	(07) 5510 0500	By appointment	Closed
MACKAY NORTH	Queensland Fertility Group Stanley House 5 Discovery Lane	(07) 4965 6500	By appointment	Closed
SPRINGWOOD	The Fertility Centre Level 3, 2 Murrajong Road	(07) 3290 1546	By appointment	Closed
SPRING HILL (MAIN CLINIC)	Queensland Fertility Group Level 2 Boundary Court 55 Little Edward Street	(07) 3015 3000	By appointment	By appointment
SPRING HILL	Queensland Fertility Group Level 3 Watkins Medical Centre 225 Wickham Terrace	(07) 3015 3195	By appointment	Closed
SUNSHINE COAST Birtinya	Queensland Fertility Group Suite 21, Kawana Private Hospital 5 Innovation Parkway	(07) 5314 3500	By appointment	Closed
TOOWOOMBA	Queensland Fertility Group Suite 15 Toowoomba Specialist Centre 9 Scott Street	(07) 4638 5243	By appointment	Closed
TOWNSVILLE Hyde Park	Queensland Fertility Group Level 1 Oxford Medical Suites 18 Oxford Street	(07) 4772 8900	By appointment	Closed