

Medicare Card Number

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

**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:	<b>Requesting Practitioner:</b> (Including Family Name, Initials, Address, Provider No.)
Hospital/Ward	

<p><b>MEDICARE ASSIGNMENT</b> (Section 20A of the Health Insurance Act 1973)</p> <p>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><b>Patient's Signature and Date</b></p> <p>X ..... <b>Date:</b> .....</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:** (Including Family Name, Initials, Address, Provider No.)

<p><b>MEDICARE ASSIGNMENT</b> (Section 20A of the Health Insurance Act 1973)</p> <p>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><b>Patient's Signature and Date</b></p> <p>X ..... <b>Date:</b> .....</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

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, 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 and address 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 room temperature.
6. If you live more than 45 minutes 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 form must accompany your sample. Please also bring your Medicare card and photo ID with you.

LOCATION	ADDRESS	TEL	WEEKDAYS	SATURDAY
CAIRNS	Queensland Fertility Group 16 Upward Street	(07) 4034 0900	By appointment	Closed
GOLD COAST Benowa	Queensland Fertility Group Suite 6, Pindara Place 13 Carrara Street	(07) 5564 8455	By appointment	Closed
MACKAY NORTH	Queensland Fertility Group 85 Willetts Road	(07) 4977 5151	By appointment	Closed
SPRING HILL	Level 9, 525 Boundary Street, Spring Hill, QLD 4000	(07) 3015 3000	By appointment	By appointment
SUNSHINE COAST Birtinya	Queensland Fertility Group Suite 21, Ground Floor, Kawana Private Hospital 5 Innovation Parkway	(07) 5314 3500	By appointment	Closed
TOWNSVILLE Hyde Park	Queensland Fertility Group Level 1, Oxford Medical Suites 18 Oxford Street	(07) 4772 8900	By appointment	Closed