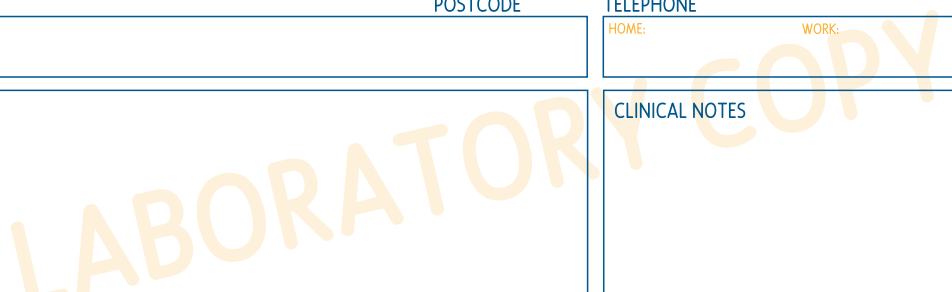


PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	CLIENT REF. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PATIENT ADDRESS	POSTCODE	TELEPHONE HOME: _____ WORK: _____	REQUEST NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TESTS REQUESTED	CLINICAL NOTES	<input type="checkbox"/> SD (Self Determine)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



ATTENTION: DOCTORS/NURSES/PHLEBOTOMISTS

DECLARATION: I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the sample immediately following collection.

COLLECTOR'S NAME _____ DATE / /

COLLECTOR'S SIGNATURE _____ TIME _____

Hospital status of patient at specimen collection or date of service	YES	NO
Private patient in a private hospital or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

DOCTOR'S SIGNATURE AND REQUEST DATE

X _____ X / /

COPY REPORTS TO

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

Medicare Assignment (Section 20A of the Health Insurance Act 1973).
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.

MEDICARE ASSIGNMENT & PATIENT CONFIRMATION OF CORRECT PERSONAL DETAILS LISTED ON FORM

X _____ X / /
PATIENT'S SIGNATURE DATE

PRACTITIONER'S USE ONLY (REASON PATIENT CANNOT SIGN)

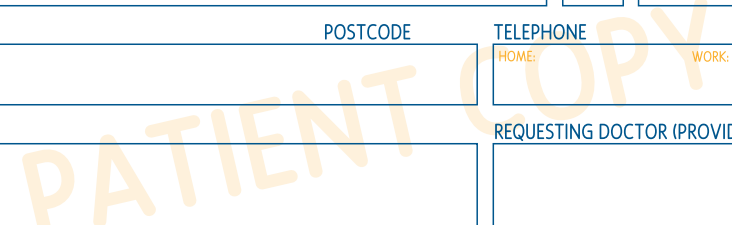
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BEND FORM TO REMOVE LABELS

PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	CLIENT REF. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PATIENT ADDRESS	POSTCODE	TELEPHONE HOME: _____ WORK: _____	REQUEST NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TESTS REQUESTED	REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)
<input type="text"/>	<input type="text"/>



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 the law.

INFORMATION STATEMENT

ANDROLOGY

General Information:

- Please make an appointment by phoning 08 8333 8111
- Appointments may be made at:
Repromed Dulwich: 180 Fullarton Road, Dulwich, SA 5065 or
Repromed Mawson Lakes: 8B Light Common, Mawson Lakes, SA 5095
- It is important that you refrain from ejaculating for at least 2 days prior to the test so that a representative semen sample is examined. The ideal abstinence period is 2-5 days.
- Samples must be produced by masturbation without lubricants (many are toxic to sperm) or using a special semen collection condom, which is available from the clinic or laboratory.
- Please bring your request form with you on the day.
- The results of the test will be sent to your doctor.

PATIENT SHORT-TERM CAR PARKING*

- 180 Fullarton Road, Dulwich (Entrance off Williams Av)
Please note: Undercover Car Parking for Day Surgery Patients Only.
- Parking available at Mawson Lakes

Semen Samples Produced Outside the Clinic:

- Phone Repromed for an appointment. Inform the staff that you will bring in a sample.
- Follow the abstinence and collection procedure.
- Collect the semen specimen in a sterile plastic container, available from Repromed.
- Label the specimen with your full name, date of birth, date and time of collection. Unlabelled specimens cannot be accepted.
- Deliver the sample directly to Repromed, preferably within 30 minutes. Place the container in a brown paper bag to reduce exposure to direct sunlight, and keep at room temperature during transport.

BLOOD COLLECTION SERVICE

General Information:

- Blood collection services are available at Repromed
- Please make an appointment by phoning 08 8333 8111
- Appointments may be made at:
Repromed Dulwich: 180 Fullarton Road, Dulwich, SA 5065 or
Repromed Mawson Lakes: 8B Light Common, Mawson Lakes, SA 5095 (Blood test requiring same day results 7:30 to 9:30 Monday to Friday).
- Upon arrival please report to the reception desk and notify them that you are here for a blood collection.
- You will be asked to take a seat in the waiting room and a staff member will collect your blood as soon as possible. Please note that blood collections do not have appointments, so at busy times you may have a short wait.

