

Andrology Request

To book an appointment please visit bookings.mygenea.com.au
or call our appointment line on **(02) 9229 6445** or email
bookmein@genea.com.au

Genea APA, Level 4, 321 Kent Street Sydney NSW 2000

Pathology Director: Prof John Rasko AO FRCPA

PATIENT DETAILS

Surname: **BAMFORTH** First Name: **MICHAEL MAGNUS**
Address: **110 ROBSONS RD, KEIRAVILLE NSW**
Postcode:
Phone: **0416 394 655** Date of Birth:
Email: Sex: ☐ Male ☐ Female

REQUESTING DOCTOR

Surname: **MIDDLETON** Initials:
Address: **ALEXANDRA**
Provider No.: **N/A**
Phone: **0410503376**
Fax:

Only the requesting doctor will receive the report

TO BE COMPLETED FOR ALL PATIENTS

Was or will the patient be, at the time of service or when the specimen is obtained:

	YES	NO
A Private patient in a private hospital	<input type="checkbox"/>	<input type="checkbox"/>
or approved day hospital facility		
A Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
A Public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
An Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

Patients should be made aware that there is a charge for these tests. Some tests are partly medicare rebatable.

Your doctor has recommended that you use Genea. 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.



Date Received:

Lab No:

SPECIMEN

☒ Semen
☐ Serum
☐ Cervical mucus

☐ **URGENT**

Reason (so we can best assist):

TEST REQUESTED

☒ Semen analysis
☒ Antisperm antibodies
☒ SCIT (DNA Fragmentation)
☐ Semen Freezing
☐ Other _____

MEDICARE NUMBER

The patient will not receive a copy of the report, unless specified by the requesting doctor.

OTHER NOTES

☐ self determine

Middleton

Doctor's signature (required by legislation)

Date: **13/10/21**



Accredited for compliance with
NPAAC Standards and ISO 15189.

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Pathology Director: Prof John Rasko AO FRCPA

Genea Clinics

Sydney CBD

Level 4, 321 Kent Street
Sydney NSW 2000

p (02) 9229 6445 **f** (02) 9229 6476

Canberra

Ground Floor, 2 King Street
Deakin ACT 2600

p (02) 6260 3400 **f** (02) 6260 3466

Illawarra

Wollongong Day Surgery, Suite 4, Level 2,
354-358 Crown Street, Wollongong

p (02) 4242 9000 **f** (02) 4242 9090

Liverpool

173 - 175 Bigge Street
Liverpool NSW 2170

p (02) 8734 3300 **f** (02) 8734 3399

Newcastle

*(please call this clinic directly
for an appointment)*

23 Merewether Street
Merewether NSW 2291

p (02) 4902 7000 **f** (02) 4965 3721

Northwest

Suite 101, 10 Norbrik Drive
Bella Vista NSW 2153

p (02) 8919 8000 **f** (02) 8883 4380

Orange

3 Hampden Avenue
Orange NSW 2800

p (02) 6362 0530 **f** (02) 6362 1885

Melbourne

Level 7, 10 Martin Street,
Heidelberg VIC 3084

p (03) 9977 7400 **f** (02) 9977 7450

Important Instructions for your Sperm Test

It is essential that you book an appointment for your test (even if bringing your sample in from home). Please call the appointment line (see above) to make an appointment. Because of demand, book as far in advance as you can, especially if your appointment has to be at a particular time. You will be given detailed instructions over the phone, which are also briefly outlined below:

- Have exactly **THREE** days abstinence (no more, no less) before the test (unless your doctor has given you other instructions).
- Bring this request form to your appointment. Without it we cannot do the test.
- Preferably collect your sample by masturbation in one of our private collection rooms. If you wish to bring in your sample from home, follow the instructions on home collection.
- Pre-register on our online payment portal.

Home Collection

- Have exactly **THREE** days abstinence (no more, no less) before the test (unless your doctor has given you other instructions).
- Wash and dry your hands and penis before collecting.
- During collection do not use soap, commercial lubricant or condoms.
- Do not collect by withdrawal from intercourse.
- Collect the whole semen sample into a sterile specimen jar labelled with your name, date of birth, and partner's name. You can get this jar from us or from a chemist. Close the lid tightly.
- Deliver the sample to the laboratory within **ONE** hour of collection (which should coincide with your appointment time). Keep it close to body temperature in transit (e.g. in an inside pocket).
- The sample **MUST** be delivered to Genea by the samples owner
- Bring this request form to your appointment. Without it we are unable to do the test.

If you have any concerns or questions about these instructions, please do not hesitate to call and speak to one of the scientists.