



ANDROLOGY REQUEST FORM

APPOINTMENT REQUIRED – Phone: (02) 9382 6643

PATIENT DETAILS
Med. Rec. No: Ward:
Hospital:
SURNAME:
FIRST NAME:
DOB:/...../..... Sex:
Address:..... Phone:
..... Postcode:

PROVISIONAL DIAGNOSIS: SD
CLINICAL NOTES:

PARTNER DETAILS
Med. Rec. No: Ward:
Hospital:
SURNAME:
FIRST NAME:
DOB:/...../..... Sex:
Address:..... Phone:
..... Postcode:

SPECIMEN DETAILS:
(SEPARATE REQUEST FORM REQUIRED FOR EACH SPECIMEN)
TYPE OF SPECIMEN:
TIME & DATE OF COLLECTION: : am/pm/...../.....
♂ PREVIOUS EJACULATION DATE:..... : am/pm/...../.....
♀ DAY OF MENSTRUAL CYCLE:
SAMPLE COLLECTED ON-SITE Yes No
TRANSPORT CONDITIONS SATISFACTORY Yes No

TESTS REQUESTED:
ROUTINE:
URGENT:

Your doctor has recommended that you use SEALS 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.
Name of APP:

HOSPITAL STATUS Was or will the patient be, at the time of the service or when the specimen is obtained (please tick):
(a) a private patient in a private hospital or approved day hospital facility Yes No
(b) a private patient in a recognised hospital Yes No
(c) a public patient in a recognised hospital Yes No
(d) an outpatient of a recognised hospital Yes No

CONSULTANT:
REQUESTING PRACTITIONER
SURNAME: Initials:
Phone: Fax: Pager No:
Address:
Postcode: Provider No:

MEDICARE ASSIGNMENT Medicare Vet Affairs REF
[Grid of boxes for Medicare assignment]
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.
Patient Signature: Date:/...../.....

Signature Date

COPY OF REPORT TO
Name:
Address:
Postcode: Phone/Fax:
COPY OF REPORT TO
Name:
Address:
Postcode: Phone/Fax:

Practitioner's Use Only (reason why patient cannot sign):

CONFIRMATION OF PATIENT/PARTNER DETAILS
I confirm that patient and/or partner details on this request are correct.
Signature:

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. It's 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.



SOUTH EASTERN AREA LABORATORY SERVICES

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ANDROLOGY REQUEST FORM

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NSW Health Pathology

NSW Health Pathology; APA 1142
SEALS Executive
Level 4 Campus Centre
Barker Street
Randwick NSW 2031

PATIENT DETAILS

Med. Rec. No: Ward:

Hospital:

SURNAME:

FIRST NAME:

DOB:/...../..... Sex:

Address:..... Phone:

..... Postcode:

PARTNER DETAILS

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Hospital:

SURNAME:

FIRST NAME:

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TESTS REQUESTED:

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TRANSPORT CONDITIONS SATISFACTORY Yes No

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ANDROLOGY (SEMINOLOGY) REQUEST FORM

SEALS ANDROLOGY LABORATORY

Department of Reproductive Medicine
Ground Floor
Royal Hospital for Women
Barker Street
Randwick NSW 2031

Appointment required – Telephone (02) 9382 6643

Please phone the laboratory to schedule an appointment.

Tests available

- Semen analysis
- Direct antisperm antibodies (sperm)
- Sperm chromatin structure assay (sperm DNA fragmentation)
- Indirect antisperm antibodies (blood, seminal plasma and cervical mucus)
- Semen culture (bacterial, fungal and viral)
- Post vasectomy semen analysis
- Examination for retrograde ejaculation
- Semen/sperm cryopreservation and banking
- Post-coital test
- Sperm cervical mucus contact test

For further test information or result interpretation contact the Andrology Laboratory on:
Telephone: (02) 9382 6643 or Fax: (02) 9382 6638

With compliments

Regards,
Christopher Nicol
Laboratory Manager | Scientific Director
SEALS Andrology | Dept of Reproductive Medicine
The Royal Hospital for Women, Randwick NSW 2031

T: 02 9382 6644
E: Christopher.Nicol@sesiahs.health.nsw.gov.au

ALL ENQUIRIES TO SEALS CALL CENTRE: 1800 0 SEALS (1800 073 257)

ANDROLOGY LABORATORY

PATIENT INFORMATION

Do I need to make an appointment?

Yes. For appointments, phone (02) 9382 6643

Laboratory Opening Times

The Laboratory is open Monday - Saturday.
For specific times please phone (02) 9382 6643

Where is the laboratory?

The laboratory is located on the ground floor in the Department of Reproductive Medicine, Royal Hospital for Women, Randwick. The main entrance to the hospital is off Barker Street. Once inside the main entrance, follow the signs or ask for directions at reception.



