

# ANDROLOGY REQUEST



CITY FERTILITY CENTRE  
*your partners in life*

## LABORATORY LOCATIONS

### ADELAIDE

Western Hospital, First Floor, Suite 11,  
168 Cudmore Terrace, Henley Beach, SA 5022  
Ph: 1300 483 235 Fax: (08) 8353 4125

### BRISBANE CITY

Brisbane Private Hospital, Level 8,  
259 Wickham Terrace, Brisbane, QLD 4000  
Ph: 1800 123 483 Fax: (07) 3839 2422

### BRISBANE SOUTHSIDE

Level 1, 309 Mains Road,  
Sunnybank, QLD 4109  
Ph: 1300 483 784 Fax: 1300 816 683

### GOLD COAST

Ground Floor Eastside Building, Suite 2,  
232 Robina Town Centre Drive, Robina, QLD 4226  
Ph: 1300 859 116 Fax: 1300 124 483

### MELBOURNE CITY

Ground Floor, 493 St Kilda Road,  
Melbourne, VIC 3004  
Ph: 1300 781 483 Fax: (03) 9866 5441

### MELBOURNE BUNDOORA

Level 1, Suite 1, 240 Plenty Road, Uni Hill,  
Bundoora, VIC 3083  
Ph: 1300 483 232 Fax: (03) 9466 7859

### SYDNEY

Level 1, Suite 101,  
1 Moore St (Entry via Bigge Street),  
Liverpool, NSW 2170  
Ph: 1300 277 447 Fax: (02) 9602 6682

Please note all sections on this form are mandatory.

Affix Patient Label Here

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partner Date of Birth: \_\_\_\_\_

Requesting Doctor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Doctor: \_\_\_\_\_ Clinic Fax Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please perform:

- |   |  |
|---|--|
| <input type="checkbox"/> Semen Analysis Only                  | <input type="checkbox"/> Semen Analysis & Sperm DNA Fragmentation Test                   |
| <input type="checkbox"/> Semen Analysis & Antibody Testing    | <input type="checkbox"/> Sperm Freeze  |
| <input type="checkbox"/> Semen Analysis & Suitability for ART | <input type="checkbox"/> Repeat DNA Fragmentation Test (within 4 weeks of original test) |
| <input type="checkbox"/> IUI Preparation for Insemination     | <input type="checkbox"/> Donor Preparation   |

No. of Follicles: \_\_\_\_\_  
Verbal test required: \_\_\_\_\_

Requested by: \_\_\_\_\_ to \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CONTACT CITY FERTILITY CENTRE TO ORGANISE AN APPOINTMENT

**Urgent appointment**

(Monday to Friday, excluding public holidays)

Facilities are available at the clinic to produce your semen sample. You may produce your sample at home if you prefer, provided the sample is received at our laboratory within **one hour** of production (an appointment is still required). It is preferable that you have not ejaculated for **at least two full days and not more than five days** prior to producing your semen sample. **Please note** that when producing your sample you must not use any lubricants as these may affect the quality of the sample. The sample must also not come into contact with any water.

Please feel free to contact the scientists if you wish to discuss any issue relating to the production of your sample.

**THIS FORM IS TO BE FAXED TO THE CITY FERTILITY CENTRE BY THE REQUESTING DOCTOR, PATIENTS ARE REQUESTED TO BRING THIS FORM TO THEIR APPOINTMENT, TOGETHER WITH THE SEMEN SAMPLE.**

PATIENT  
DETAILS

DOCTOR

HISTORY

TESTS  
REQUIRED

PATIENT  
INFORMATION