

Semen Analysis Request



PATIENT DETAILS

Full name

Address

Date of birth Mobile

Medicare number

Partner's name Date of birth

TEST REQUESTED – please tick all that are required

- Semen analysis only
- Semen analysis plus: Anti-sperm Antibodies Sperm DNA fragmentation Sperm freezing
- Sperm DNA fragmentation only
- Sperm freezing only

REFERRING DOCTOR DETAILS (or stamp)

Referring Dr Provider No.

Address

Signature Date

*Fees are payable on the day of sample production.
For current fees, please visit newlifeivf.com.au/semen-analysis*



Bulk Billing is not available.

Please see important instructions on the back of this form.

Suite 3, Ground Floor, 116–118 Thames Street, Box Hill North, VIC 3129 T. 03 8080 8933 F. 03 8080 8930
E. hello@newlifeivf.com.au W. newlifeivf.com.au

Collection Instructions for Semen Analysis



Your semen analysis will take place at the Newlife IVF Andrology Laboratory in Box Hill. You have the option of producing your sample in our discreet on-site facility, or alternatively at home. For home collections, the sample must be delivered to our laboratory within one hour.

FOR ON-SITE COLLECTION (RECOMMENDED)

Call Newlife IVF on **03 8080 8933** to book an appointment time.

Attend our clinic at your appointment time, and produce your sample onsite in our discreet facility.

FOR HOME COLLECTION

Call Newlife IVF on **03 8080 8933** to book a drop off time.

Collect a 70ml sterile specimen jar from your referring doctor or a pharmacy. Follow the instructions for sample production below.

Deliver your sample to Newlife IVF **within one hour**.

During transport, keep the jar warm. (in your jacket or trouser pocket)

SAMPLE PRODUCTION INSTRUCTIONS:

- Avoid intercourse or masturbation for 2-5 days before the scheduled semen analysis.
- Write your full name, date of birth and date of sample on your specimen jar.
- Do not touch the inside of the specimen jar, nor the inside of the lid.
- Do not use lubricants or a condom. Interrupted sex is not recommended.
- Ejaculate into the specimen jar, then replace the lid firmly.
- Do not allow the sample to come into contact with water.
- Complete all the information below and hand in at Newlife IVF Reception.

Full name

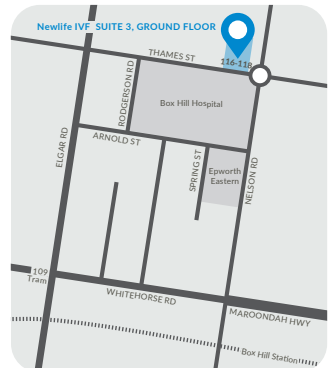
Date of birth Number of days abstinence

Date of collection Time of collection

Sample collected: Complete Partial

I acknowledge the information given by me is correct, and I give Newlife IVF permission to perform the requested semen analysis on my sample.

Patient signature Date



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