



Semen and sperm antibodies analysis – Patient information

These instructions are for sperm antibodies and semen analysis for post vasectomy or fertility investigation. Follow these instructions carefully to ensure your test results are accurate and reliable.

1. Before the test

- Obtain a sterile container from your doctor or local Melbourne Pathology collection centre
- For post vasectomy investigation, the specimen should be collected 12 weeks after your operation, after at least 20 ejaculations
- All semen specimens should be collected following an abstinence from all sexual activity of no less than 48 hours and no more than 7 days.

2. Collecting the specimen

- The specimen is obtained through masturbation directly into the sterile container provided. Do not use other containers, lubricants or a condom. They may contain chemicals which can affect the test result.
- Collect the complete ejaculate. If the specimen is incomplete, write a note on the container or request form (eg. partial specimen only)
- Label the collection container with:
 - a. your given name and surname
 - b. your date of birth
 - c. date and time of specimen collection.

3. Delivering the specimen

- **Your specimen must be produced within 45 minutes* before delivery to our Collingwood laboratory.**

Specimens will **only** be accepted at these sites and **only** between the hours listed:

Melbourne Pathology – main laboratory
103 Victoria Parade, Collingwood
Monday to Friday only, 8am – 1pm

- Keep the specimen at body temperature (eg. put it in your pocket, close to your body)
- Deliver the specimen, the request form from your doctor and the completed questionnaire on the reverse side of these instructions.

*Collection room

- If you are located **more than 45 minutes away from Collingwood**, a collection room is available at our East Melbourne branch for sample collection by appointment only.

Melbourne Pathology
128 Grey St, East Melbourne
Monday to Friday, morning only
Ph 9419 4310

- Complete questionnaire on the reverse side of these instructions; your sample and request form will be couriered to our Collingwood laboratory.

Fee

There is a fee for all semen testing: fertility investigation \$80, post vasectomy \$40, post vasectomy reversal \$80 and sperm antibodies \$80. You can claim part of this back from Medicare. Please complete the payment authorisation and credit card payment details on the reverse side and return with your specimen.

Semen analysis patient information for Cabrini Hospital Malvern and Bendigo/Geelong regions available at www.mps.com.au

Patient questionnaire – Patient to complete

This section **MUST** accompany the specimen

Patient details

Patient surname _____ Given name _____

Date of birth ____ / ____ / ____

Collection details

- | | |
|--|---|
| <input type="checkbox"/> Fertility investigation | <input type="checkbox"/> Post vasectomy |
| <input type="checkbox"/> Post vasectomy reversal | <input type="checkbox"/> Sperm antibodies |

Date of collection ____ / ____ / ____ Time of collection _____ am/pm

Specimen collected? ☐ Full ☐ Partial

Lubricant used? ☐ Yes ☐ No

Number of days since last sexual activity _____

Were you able to keep the specimen warm (eg. in your pocket)? ☐ Yes ☐ No

Method of collection ☐ Masturbation ☐ Other _____

Payment authorisation

I understand and acknowledge that Melbourne Pathology will only deduct payments from my credit card for testing and handling for which it is responsible and that I will have to pay the total fee for this test. I understand that part of this fee will not be rebatable from either Medicare or from my private health fund.

Patient signature _____ Date ____ / ____ / ____

Patient mobile number _____

Credit card payment details

- | | |
|---|---|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Fertility investigation \$80 |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Post vasectomy \$40 |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Post vasectomy reversal \$80 |
| | <input type="checkbox"/> Sperm antibodies \$80 |

Card number

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Expiry date ____ / ____

Cardholder name _____

Cardholder signature _____ Date ____ / ____ / ____