

Referral for Semen Analysis

Patient demographic details

For clinic use only:

Date of receipt: _____ Time of receipt: _____ Lab number: _____

Name:	
DOB:	NHS number:
Address:	
Postcode:	Phone no:

Referral reason

Fertility <input type="checkbox"/>	Status: Normal <input type="checkbox"/> Urgent <input type="checkbox"/>
Post vasectomy <input type="checkbox"/> date: _____	
Vasectomy reversal <input type="checkbox"/>	
Other <input type="checkbox"/> please state: _____	
Relevant clinical information:	

Referrer's details

GP, Hampshire <input type="checkbox"/>	GP/Consultant Name:
Nuffield <input type="checkbox"/>	GP Practice:
Spire <input type="checkbox"/>	Phone no:
Winchester <input type="checkbox"/>	Signature & date:
Copy to GP/Consultant, Practice:	

For the patient

Semen analyses and vasectomy reversal analyses:

Telephone to book semen analysis appointment: 023 8120 6980. Before your appointment, please abstain from ejaculation for between 3 – 5 days. **Bring this referral form with you.** You will be provided with a sterile pot and asked to produce a sample by masturbation in a private room. You will be asked to fill in a form with information about yourself and the sample.

Post vasectomy analyses:

You can drop your samples off **Monday to Friday 08.30 – 10.00.** Produce your sample in a sterile labelled container and bring it to the clinic. The sample needs to be with us within **24 hours** of production. **Bring this referral form with you.** Fill in the details below:

Day of production: _____ Time of production: _____

Days of abstinence: _____ Total sample collected: Yes No

ID on pot correct (patient signature): _____ ID check (staff signature): _____