**Referral for Sperm Freezing**

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| **Patient demographic details** |
| Patient name: | DOB: |
| Hospital number: | NHS number: |
| Address: |
| Home phone: | Mobile: |
| Partner’s name (if applicable): |
| **Referrer details** |
| Consultant: | Hospital: |
| Phone: | Department: |
| Invoice/ recharge to (dept/ name/ cost code): |
| Referrer’s signature: | Date: |
| Referrer’s email address: | **Please tick here if you would like to receive the results by email:** □ |
| **Clinical information** |
| Reason for freezing: 🗆 Pre-chemo 🗆 Pre-vasectomy 🗆 Other (please state)  |
| Urgent (within one week): 🗆 Yes 🗆 No | Diagnosis: |
| Date treatment due to commence: |
| Treatment to date: |
| Past medical history: |
| **Infection screening**Please not that sperm storage cannot be performed without the following screening results: 🗆 HIV 1/2 p24 Antigen  🗆 Hepatitis B core antibody Bloods taken at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗆 Hepatitis B surface antigen  🗆 Hepatitis C antibodies Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Consent**🗆 **PATIENTS OVER 18:** I confirm that this patient fully understands the process and implications of sperm sample production and freezing. (Please inform the laboratory and ask the patient to bring a parent or guardian if there are any concerns) |
| 🗆 **PATIENTS UNDER 18 YEARS OLD:** I confirm that this patient is Gillick competent and fully understands the process and implications of sperm freezing, including that the sample must be produced by masturbation. If this patient has no photo ID: I confirm the identity of this patient. (The patient must attend his appointment with a parent or guardian)Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Referring consultant) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Please fax this referral form to the laboratory on fax no **02381 20 8715.** Please also telephone the unit on 02381 20 8407 to confirm receipt.

The patient will be contacted directly to make an appointment as soon as the referral has been received.