

For clinic use only:

Date of receipt: _____

Time of receipt: _____

Referral for Semen Analysis

Patient demographic details

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

Referral reason

Fertility Post vasectomy, date: _____ Vasectomy reversal

Other - please state: _____

Relevant clinical information: _____

Referrer's details

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

Referrers: Results will no longer be sent in the post, please provide CFC with a secure email address in the space above.

For the patient

Semen analyses and vasectomy reversal analyses:

Telephone to book a semen analysis appointment: 02380 010 570

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 sample off at **Complete Fertility Centre, Level G, Princess Anne Hospital, Southampton, SO16 5YA, 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): _____