

For clinic use only:

Date of receipt: _____

Time of receipt: _____

Lab number: _____

Referral for Semen Analysis

Patient demographic details

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

Referral reason

| | |
|---|--|
| <input type="checkbox"/> Fertility <input type="checkbox"/> Post vasectomy, date: <input type="checkbox"/> Vasectomy reversal <input type="checkbox"/> Other - please state: | <u>Status:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Urgent |
| 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: Signature & date: |
| Copy to GP/Consultant, Practice: | |

For the patient

Semen analyses and vasectomy reversal analyses:

Telephone to book a semen analysis appointment: 02381 20 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 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): _____