

CARE Fertility Bath
SEMEN ANALYSIS LABORATORY REQUEST FORM

Patient details			
Surname		Forename(s)	
Address		Date of birth	
		NHS number	
		Tel number	
		Partner's name	

Requesting doctor's name & address	
Signature of requesting doctor	Date
Indicate funding:	NHS CCG <input type="checkbox"/> Self-funding <input type="checkbox"/>
Relevant clinical details	

Completed form to be sent to CARE Fertility Bath via post or secure nhs.net email
CARE Fertility Bath, Roman Way, Bath Business Park, Peasedown St John, Bath BA2 8SG
Email from an nhs.net account to ruh-tr.enquiries-bfc@nhs.net

CARE Fertility Bath will contact the patient to arrange an appointment