

CARE Fertility BATH

Secure email from nhs.net address to ruh-tr.enquiries-bfc@nhs.net

SPERM STORAGE REFERRAL FORM

Screening bloods for hepatitis B (HBsAg and anti-HBc), hepatitis C, HIV and syphilis **must** be taken **prior to referral**. Patients can be referred whilst awaiting results.

Storage may be NHS funded for 5-10 years – this varies according to CCG. Men may have to fund their own storage if they already have children.

Patient name	<input type="checkbox"/> Inpatient / <input type="checkbox"/> Outpatient
DOB NHS number	Consultant's name
Address	Patient's phone number
	GP name & surgery
Blood tests required <ul style="list-style-type: none"> Hepatitis B surface antigen (HBsAg) Hepatitis B core antibody (anti-HBc) Hepatitis C HIV 1 and 2 Syphilis 	Date bloods taken
Diagnosis	If under 16, does the patient have the capacity to consent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned treatment chemo/radiotherapy	Proposed starting date
Additional information	
Storage requested by	
Name:	Position held:
Organisation:	Date:
Signed statement from a Registered Medical Practitioner verifying conditions for long-term storage: In my opinion the fertility of the above named patient is or is likely to become significantly impaired	
Full name of Doctor:	Position held:
Work address:	
Signature: _____	Date: _____

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