

SEMEN ANALYSIS LABORATORY REQUEST FORM

Patient details	
Surname	Forename(s)
Address	Date of birth
	NHS number
	Telephone 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 Bath Fertility via post, fax or secure nhs.net email

Bath Fertility Centre, Roman Way, Peasedown St John, Bath BA2 8SG Fax 01761 438580
or email (from an nhs.net account) ruh-tr.enquiries-bfc@nhs.net

Bath Fertility Centre will contact the patient to arrange an appointment