



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) 	<ul style="list-style-type: none"> • 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
Bath Fertility Centre sperm storage information given to patient Yes <input type="checkbox"/> No <input type="checkbox"/>	
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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