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| **Wales Fertility Institute**  **Neath Port Talbot Hospital**  **Tel: 01639 862698** | **Wales Fertility Institute**  **University Hospital of Wales, Cardiff**  **Tel: 02921 843047** |

This referral form should be sent to our central referral office at:

[SBU.referrals.wfi@wales.nhs.uk](mailto:SBU.referrals.wfi@wales.nhs.uk)

WFI is a two site service and whilst we will endeavour to offer patients treatment within their nearest area of residence we hold a central waiting list and patients may be offered consultation and subsequent treatment if accepted at our alternative site.

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| **REFERRER** | | | | |
| Name of referring clinician | | Click or tap here to enter text. | | |
| Hospital/Referral Centre [including postcode] | | Click or tap here to enter text. | | |
| Referral date | | Click or tap here to enter text. | | |
| Patient ID  Click or tap here to enter text. | | Partner ID (if applicable)  Click or tap here to enter text. | | |
| Tel: (home) Click or tap here to enter text. | | Tel: (home) Click or tap here to enter text. | | |
| Tel: (mobile) Click or tap here to enter text. | | Tel: (mobile) Click or tap here to enter text. | | |
| Email: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | |
| **ELIGIBILITY CRITERIA**  **The patient must conform to all below eligibility criteria to enable referral** | | | | |
| Female Age >20 and <43 at time of treatment **AND** | | | | |
| Male Age < 55 **AND** | | | | |
| Couples must have been cohabiting in a stable relationship for a minimum of 2 years | | | | |
| For cases of unexplained infertility, it is demonstrated that the couple has not conceived after 2 years (this can include up to a 1 year before their fertility investigations) of regular unprotected sexual intercourse. | | | | |
| No more than 2 previous cycles of IVF by either partner if lead female age is <40 and no previous cycles of IVF by either partner if lead female age is >40 **AND** | | | | |
| At least one of the couple does not have any existing children, biological or adopted **AND** | | | | |
| Body Mass index of lead female patient is between 19 and 30 or if less than 19 is ovulating normally **AND** | | | | |
| No evidence of previous or planned sterilisation **AND** | | | | |
| Patients are not smoking or vaping nicotine at treatment (accepted participation in smoking cessation programme at referral) **AND** | | | | |
| Conforms to HFEA code of practice **AND** | | | | |
| Patient is a Welsh resident | | | | |
| Criteria for expedite  (Please tick) | | | | |
| Age >36years | Advanced endometriosis (G3 or 4) Post advanced endometriosis surgery | | Low ovarian reserve | Gender Dysphoria |
| Azoospermia | Bilateral tubal block | | Inability to have intercourse | Fertility Preservation |

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| **PART A ELIGIBILITY CRITERIA** | | | | | |
| **CRITERIA** | **LEAD PATIENT** | | **PARTNER** | | |
| Age at time of referral | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Weight | Click or tap here to enter text. | | If Known Click or tap here to enter text. | | |
| Height | Click or tap here to enter text. | | If Known Click or tap here to enter text. | | |
| BMI | Click or tap here to enter text. | | If Known Click or tap here to enter text. | | |
| Number of previous NHS IVF/ICSI cycles | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Number of previous PRIVATE IVF/ ICSI cycles | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Date first seen by GP for fertility reasons | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Please tick reason for referral | Please tick for the following elements | | | | |
|  | | | Lead Female | Partner |
| Unexplained infertility | Any children from: | 1. This relationship | |  |  |
| 2. Previous relationship | |  |  |
| Tubal Disorders | Previous Sterilisation/vasectomy | | |  |  |
| Ovulation disorders | Smoker (including E Cigs) | | |  |  |
| Reduced ovarian reserve | Ex-smoker ((Date of Cessation) | | |  |  |
| Endometriosis | Veteran that is a recipient of Armed Forces Compensation Scheme (AFCS) | | |  |  |
| Uterine problems | Are there any illnesses or social issues that could have a bearing on the welfare of any child born as a result of IVF treatment incl. criminal convictions or domestic violence  Click or tap here to enter text. | | | | |
| Male factor infertility |
| Same sex relationship/ Single |
| Other – Including Coital failure |
| Fertility preservation |

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| **PART B INVESTIGATION RESULTS** | | | | | | |
| **Lead Female** | | | **Date** | | **Result** | |
| Rubella – Pt confirms immunisation is up to date Or evidence of 2 imms Or Serology | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Smear up to date and normal | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Serum LH (***Day 2-5*** *of menstrual cycle)* ***[within the last 3 months*]** | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Serum FSH (***Day 2-5*** *of menstrual cycle)* ***[within the last 3 months*]** | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Serum AMH (If available) | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Serum TSH ***(within the last 12 months)*** | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Prolactin ***(within the last 12 months)*** | | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Partner** | | | | | | |
| Previous Semenology (within past 12 months) | Date | Site WFI/ Other | Volume | Concentration | Motility | Normal Morphology |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **ANY OTHER RELEVANT INFORMATION – PREVIOUS SURGERY, TUBAL PATENCY TESTING, ENDOMETRIOSIS, PCOS ETC** |
| Click or tap here to enter text. |

SBU.referrals.wfi@wales.nhs.uk