

PLEASE ENSURE ALL INFORMATION IS COMPLETE, INCLUDING PARTNER DETAILS IF THE PATIENT WISHES TO ALLOW THEM TO USE STORED SAMPLES, TO ENSURE THERE ARE NO DELAYS.

Patient Name:		DOB:	
NHS No.		Hospital No.	
Partners Name:		DOB:	
NHS No.		Hospital No.	
Address:			
Contact No.		Email	

Reason for Storage:	
*Start date of pre-op Isolation:	
*Date of operation/treatment:	

** Dates required for WFI to arrange suitable storage appointment. If pre-op isolation not required state N/A*

For the referral of minors:

I (referring clinician) confirm that the patient has been assessed for Gillick competence and understands the nature and reason for this referral including the need to produce a semen sample by masturbation

Referring clinician		Signature		Date	
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For the referral of trans fertility preservation patients:

I (referring clinician) confirm that the patient has not been on any hormone therapies or has ceased hormone therapies for a period of four months.

Referring clinician		Signature		Date	
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Name of Consultant:	
Speciality:	
Signature:	
Referring Health Board:	

Test	Date sent	For laboratory use only	
		Report received	Result
Anti HIV 1&2			
HBsAg			
HBcAb			
HCV			
HTLV 1 & 2			
Syphilis			
Urine sample for NAAT Gonorrhoea			
Urine sample for NAAT Chlamydia			
*CMV			

*required for transgender, surrogacy and sperm donor referrals.

**For the referral of sperm donors and patients storing ahead of surrogacy:
*This section must be complete for sperm donor and surrogacy sperm freeze referrals, freeze appointment will not be booked unless section complete.**

**Physical examination documented in patient clinical notes:	Signs of STI	YES / NO
	Urethral discharge	YES / NO
	Hypospadias	YES / NO
Date documented in clinical notes and by which clinician:		
Travel history check confirmed in clinical notes:		
GP Letter of support requested / received:		

Virology screening results are only valid if obtained **no more than 30 days** prior to sperm storage. When requesting screening tests, please ensure that the testing laboratory is aware that the tests are being requested for Wales Fertility Institute and that they send a copy report directly to the Unit.

Samples cannot be stored until we receive negative screening tests for the patient. We are able to accept emailed results providing we can see the entire form.

Photo ID is required for the patient (and partner) at the first appointment.

If the patient is not naming a partner they are required to complete HFEA GS and CD forms.

If they have a partner they will require HFEA MT, MGI and CD forms, the partner will require a HFEA CD form.

Forms will be completed during the first storage appointment where there is the opportunity to ask questions and receive further information, advice and guidance. Forms can be downloaded from the HFEA website, and we advise patients and partners read through them beforehand (<https://portal.hfea.gov.uk/knowledge-base/consent-forms/>).

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