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|  | **IVF Referral Form**  **Wales Fertility Institute**  **Neath Port Talbot Hospital**  **Baglan Way, SA12 7BX**  **Tel: 01639 862698** | **Operational Forms and Record Sheets** |

**PLEASE SEND COMPLETED REFERRAL TO** [**SBU.Referrals.WFI@wales.nhs.uk**](mailto:SBU.Referrals.WFI@wales.nhs.uk)

All outpatient appointments for Wales Fertility Institute are offered at Neath Port Talbot Hospital.

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| **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) – please include home address**  Click or tap here to enter text. |
| **Tel**: Click or tap here to enter text. | **Tel**: Click or tap here to enter text. |
| **Email**: Click or tap here to enter text. | **Email**: Click or tap here to enter text. |

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| **ELIGIBILITY CRITERIA - Patients MUST conform to ALL below eligibility criteria** | |
| Lead Patient age >20 years and <43 years at time of **treatment**, AND |  |
| Male Age <55 years, AND |  |
| Couples MUST have been cohabiting, in a stable relationship, for a minimum of 2 years, AND |  |
| BMI of Lead patient is between 19 and 30 (inclusive) at time of referral, or if less than 19 is ovulating normally, AND |  |
| Patient(s) is/are a Welsh resident, AND |  |
| At least one partner does not have any existing children; biological or adopted, AND |  |
| Non-smoking / not using E-Cigarettes with nicotine / have stopped smoking for at least 3 months OR accepted participation in smoking cessation programme, AND |  |
| If there is a history of previous IVF treatment;   * If Lead Partner is under age 40 years at time of referral: no more than **2** previous cycles of IVF by either partner. * If Lead Partner is age 40 years or over at time of referral: **no** previous cycles of IVF by either partner. AND |  |
| No evidence of previous or planned sterilisation or vasectomy, AND |  |
| For cases of unexplained infertility; it is demonstrated that the couple has not conceived after 2 years of regular, unprotected sexual intercourse (can include up to 1 year prior to fertility investigations), AND |  |
| Individual/Couple conforms to HFEA Code of Practice, including the consideration of the welfare of the child that may be born. |  |

**CRITERIA FOR EXPEDITE** (please select if appropriate)

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| Age >36 years |  |  | Low ovarian reserve |  |
| Azoospermia |  |  | Gender Dysphoria |  |
| Advanced Endometriosis (G3 or 4) Post-advanced endometriosis surgery |  |  | Inability to have intercourse |  |
| Bilateral tubal block |  |  | Fertility Preservation |  |

**PART A: Eligibility Criteria**

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| **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. |
| **Smoking Status:** | Non Smoker:  Smoker (including E-Cigs):  Ex-smoker  / Date of Cessation:  Click or tap here to enter text. | Non Smoker:  Smoker (including E-Cigs):  Ex-smoker  / Date of Cessation:  Click or tap here to enter text. |
| **Number of previous IVF/ICSI cycles:** | NHS cycles: Click or tap here to enter text.  Private cycles: Click or tap here to enter text. | NHS cycles: Click or tap here to enter text.  Private cycles: 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. |
| **Any existing children (biological or adopted)?** | No  Yes  From this relationship  From previous relationship | No  Yes  From this relationship  From previous relationship |
| **Member of the Armed Forces Compensation Scheme (AFCS)?** | No  Yes | No  Yes |
| **Previous Sterilisation/Vasectomy** | No  Yes | No  Yes |
| 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, including criminal convictions or domestic violence?  Click or tap here to enter text. | | |

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| **REASON FOR REFERRAL** | |  | **Any Other Information Relevant to Referral** |
| Unexplained Infertility |  |  | *e.g., Previous surgery, Tubal Patency testing, Endometriosis, PCOS, etc.*  Click or tap here to enter text. |
| Tubal Disorders |  |  |
| Ovulation Disorders |  |  |
| Reduced Ovarian Reserve |  |  |
| Endometriosis |  |  |
| Uterine problems |  |  |
| Male Factor Infertility |  |  |
| Same sex relationship/Single |  |  |
| Other - including Coital failure |  |  |
| Fertility Preservation |  |  |

**PART B: Investigation Results**

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| **LEAD PATIENT** | Date of Test | Result |
| Rubella – Patient 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 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 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 last 12 months) | Click or tap here to enter text. | Click or tap here to enter text. |
| Prolactin (within last 12 months) | Click or tap here to enter text. | Click or tap here to enter text. |

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| **MALE PARTNER (if applicable)** | | | | | | |
| Previous Semenology (within last 12 months) | Date of Test | 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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