

Sperm Storage Request Form

<div style="background-color: #cccccc; text-align: center; padding: 5px;">MALE DETAILS</div> <p style="text-align: center; font-style: italic;">Apply patient label if applicable</p> <p>Forename: _____</p> <p>Surname: _____</p> <p>Date of Birth: ____/____/____</p> <p>Health & Care No. _____</p> <p>Patient Address: _____</p> <p>_____</p> <p>Contact No: _____ Patient / other <i>(Circle as appropriate)</i></p> <hr/> <p>Patients GP Details: _____</p> <p>_____</p>	<p>Clinical reason for referral:</p> <p>_____</p> <p>_____</p> <p><u>RED FLAG REFERRAL? - YES / NO</u></p> <p>(Please delete appropriate YES / NO)</p> <p>Date of Treatment/Surgery: ____/____/____</p> <p>Will patient be accompanied by a nurse?</p> <p>If 'Yes' please tick box <input type="checkbox"/></p> <p><i>All inpatients should be accompanied and a list of medications provided</i></p> <p>Interpreter Required <input type="checkbox"/></p> <p>Language _____</p>
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N.B. Screening Requirements: All patients are required to have been screened for (1) Hep B surface antigen (HBsAg), (2) Hep B core total antibody (anti-HBc), (3) Hep C antibody & (4) HIV 1&2, prior to attending any appointment at the RFC. If using EPIC select 'MALE FERTILITY PRESERVATION SCREEN' panel. **Results MUST be available at time of referral** as appointments cannot be arranged without screening results

IMPORTANT: Referrers must advise patients in advance that they will be required to provide a semen sample and must be **medically fit** to do so. For patients currently in hospital, the Regional Fertility Centre must be contacted on 028 9615 9600 prior to referral to assess the patient's suitability to attend.

Referrers details <i>(not required by RFC Dr's)</i>	Referrer's Name: _____
	Address: _____
	Contact No. _____
Address for result if different from above	
Date of referral ____/____/____	Signed: _____ Print Name: _____

Referral form will be returned if all of the information requested above is not provided.

The completed form should be returned to:

Regional Fertility Centre, RJMS, Grosvenor Road, Belfast BT12 6BA,
Internal Trust referrals may be emailed to: RVH.RFC@belfasttrust.hscni.net