

**PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS**

Please provide a minimum of three unique identifying pieces of patient information - incomplete or illegible forms may be returned for amendment/completion.

**PLEASE NOTE: REQUESTS WITHOUT A DOCTOR'S SIGNATURE WILL NOT BE ACCEPTED**

**About the Patient**

Surname:

First name:

Address:  (affix label if available)

Telephone:

NHS No:

Date of Birth:

Hospital Number of patient:

Hospital Number of partner:

GP details:

**Address for results:**

**\* ALL RESULTS WILL BE REPORTED ELECTRONICALLY VIA THE ICE REPORTING SYSTEM**

Please inform us of any disabilities / special needs

**About the Request**

Referring Doctor:

Date of referral:

**Doctor's signature:**

**Referred From (please tick one)**

The Jessop Wing, Royal Hallamshire Hospital

Other STH directorates - please specify the directorate below:

General Practitioner

Other:

**Test Required:**

Semen Analysis (antegrade sample)

Retrograde Analysis

**Timing of Test:**

Next available appointment

Repeat 3 months after previous test

Other – please give details

| For Official Use Only |  |  |
|-----------------------|--|--|
| Day:                  |  |  |
| Date:                 |  |  |
| Time:                 |  |  |
| Lorenzo:              |  |  |

Please send the completed form via the e-Referral Service (formerly Choose and Book) or to: The Andrology Laboratory, Level 4, The Jessop Wing, Tree Root Walk, Sheffield, S10 2SF Telephone: (0114) 226 8343 ; Email: sht-tr.AndrologyJessopFertility@nhs.net

**PLEASE SEND ONE FORM ONLY – EITHER VIA THE E-REFERRAL SERVICE OR BY POST OR E-MAIL**

If an appointment is not booked directly via the e-Referral Service, a letter will normally be sent to the patient within 5 days of receipt of referral, asking the patient to contact the laboratory to make an appointment. Results will be available on ICE within 10 working days of the test being performed. Results will not be issued by telephone under any circumstances. The cost of a semen analysis is £111 for fee-paying patients.

**\* If you are a referring doctor who does not have access to ICE then please contact the Andrology Service Co-ordinator to discuss access to results.**

|          |                        |                    |          |             |                |
|----------|------------------------|--------------------|----------|-------------|----------------|
| Category | Admin forms            | Authorisation Date | 13 04 18 | Review Date | 13 04 18       |
| Title    | Semen analysis request | Issue No           | 9        | Author      | Deborah Saxton |
|          |                        | Ref No             | adm 1.6  | Page        | 1/1            |