

Semen Cryopreservation Referral Proforma

Cambridge IVF • Kefford House • Maris Lane • Trumpington • Cambridge • UK • CB2 9LG
Telephone • 01223 349010 Website • www.cambridge-ivf.org.uk

Please note, Cambridge IVF is NOT located on the Addenbrooke's site

Patient Details:

Name:

Date of birth:

MRN no.:

NHS no.:

Address:

.....

.....

Phone numbers:

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Email address:

Referrer:

Name:

Contact number:

Email address:

Date of referral:

Next of Kin:

Name:

Relationship to patient:

Address:

Contact Number:

Nature of the condition resulting in the referral:

Patient aware of diagnosis and treatment timescales? YES NO

Planned treatment which may impair fertility:

Date treatment and/or surgery will commence:

Details of any appointments involving radioactivity:

Time for clearance post procedure:

Viral Screening Bloods

Confirmation that screening bloods have been taken (including results if available).

	EPIC code	Date taken	Result
HIV	LAB2404 (all 4 tests)		
Hep B surface antigen			
Hep B core antibody			
Hep C core antibody			

Is the patient an inpatient? YES NO

Ward name: Telephone number:

Attach addressograph

Cambridge IVF is open from 8.30am to 5.00pm Monday to Friday.

For urgent referrals or advice out of hours, please contact the on call scientist on 07702 959451.

For Cambridge IVF use only

	Completed	Completed by	Date
Date referral received			
Viral screening results available?			
Contact made and information & in-house consent emailed to patient			
Consent Session <i>(Tick completed consent forms)</i>			
I-H		HFEA ROI	
GS		CD	
MT		MGI	
Viral Screening			
1st freeze			
2nd freeze <i>(if applicable)</i>			
3rd freeze <i>(if applicable)</i>			
Blood results printed from Epic			
Blood results signed off by senior staff			
Sample/s moved to permanent storage			
Freeze report/s and patient letter typed up			
Documents authorised			
Documents sent to patient			

Freeze Outcome Summary

Date of appointment	Number of straws frozen	Post thaw quality (IUI/IVF/ICSI)	Result given to patient by	Date/time result given to patient
Total no.				
Comments:				