

## Semen Cryopreservation Referral Proforma

Cambridge IVF • Kefford House • Maris Lane • Trumpington • Cambridge • UK • CB2 9LG  
 Telephone • 01223 349010 Fax • 01223 726373 Website • [www.cambridge-ivf.org.uk](http://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: .....  
 .....  
 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:**

Please send referrals to: [cambridgeivf@addenbrookes.nhs.uk](mailto:cambridgeivf@addenbrookes.nhs.uk) or [andrology.cambridgeivf@nhs.net](mailto:andrology.cambridgeivf@nhs.net)

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?			
Check EPIC for radioactivity appointments			
Contact made with patient & radioactive appointment details checked. 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
<b>Total no.</b>				
<b>Comments:</b>				