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**There are three methods of referral:**

**Post to:** Appointment Centre, 163 Yardley Green Road, Birmingham, B9 5XS

**E-mail:** UHB-tr.appointments-centre@nhs.net

**eRS (Choose and Book – under Urology - Andrology - Male infertility, diagnostic semen analysis and investigations):** attach this form to the booking request (*eRS can currently only be used for routine diagnostic semen analysis – any other referral will need to be posted or e-mailed*).

Andrology Patient Details	
Full Name:	
Date of Birth:	
Address:	
NHS/Hospital PID:	
Mobile Number:	
Additional Contact Information:	

**Type of Analysis required (please indicate):**

- Diagnostic Semen Analysis
- Post Vasectomy Semen Analysis
- Retrograde Analysis

Partner Details (Only required if part of Hospital Fertility Pathway, do not include if from a GP).	
Full Name	
Date of Birth	
Hospital PID	

**Referring Practitioner/GP Practice:**

GP/Consultant Name:		<b>Practice/Clinic Stamp:</b>
Practice Address/Hospital Clinic: <i>This must be completed for all GP referrals</i>		
GP Practice Code:		

**Other Information:**

Is there a known infection risk? If yes, give details.	
Is there a known mental/physical impairment? If yes, please give details.	
Does the patient require any support e.g. an interpreter? Please give details.	
Is this the patient's first sample?	
Please indicate any clinical details relevant for the request (this is useful for all test requests especially retrograde).	
Repeat Tests and Special Requests: state when the repeat is required clearly (such as 3 months & date). State if you require specialist extended tests e.g. Teratozoospermia Index (TZI).	
POST VASECTOMY ONLY: What date was the operation?	
Pre-approval to give patient results if they contact the Laboratory (from HCPC registered scientists only)?	YES / NO
Signature	Date