

Post Vasectomy Referral Form

Please ensure that the sample pot is labelled with the patient's full name and date of birth. Please ensure that Section 1 is completed by the Clinician and that the patient is given the Request Form to accompany their sample. Please use Patient and Practice labels containing the information, if preferred.

Samples arriving at the clinic unlabeled or with this information incomplete, unfortunately will not be processed

SECTION 1

PATIENT INFORMATION	
LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NHS NUMBER	
ADDRESS	
	Postcode

REFERRER INFORMATION	
REQUESTING CLINICIAN	
GP PRACTICE / DEPARTMENT	
ADDRESS	
	Postcode
EMAIL ADDRESS FOR RESULTS	
TELEPHONE NUMBER	
NHS FUNDED	NO
POST VASECTOMY	YES
COMMENTS	

SECTION 2

To be completed by the patient on the day of sample production. NB This information is important: it is needed in order to give an accurate assessment of your sample.

SPECIMEN INFORMATION - PATIENT TO COMPLETE		
DATE SAMPLE PRODUCED		
TIME SAMPLE PRODUCED		
NO. DAYS ABSTINENCE*		
WHOLE SAMPLE COLLECTED?	YES / NO	
PLACE SAMPLE PRODUCED **		
ILLNESSES/MEDICATION IN LAST 3 MONTHS		
RESULTS TO BE SHARED ON PARTNER RECORD CONSENT	YES / NO	Signature:
DATE OF VASECTOMY (post vasectomy patients only)		

* i.e. the number of days since you last ejaculated ** i.e. at home; Oxford Fertility; or other

SECTION 3 – Oxford Fertility to complete

CLINIC USE ONLY	
TIME OF SAMPLE ARRIVAL	

Giving Life a Helping Hand

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Oxford Fertility is part of The Fertility Partnership

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