

**Request for Fertility Preservation for Patients  
Undergoing Medical Treatment**

*To be completed by referring Clinician/Hospital:*  
**To avoid delay please complete ALL sections of the form**

**Patient Name:** .....

**DOB:** .....

**NHS Number:**

--	--	--	--	--	--	--	--	--	--	--	--

**Address:** .....

**Home Phone No:** ..... **Mobile:** .....

**Email:** .....

**Does the patient have children? Yes / No**  
If yes they may not be eligible for NHS funding. Please check local CCG criteria

GENERAL PRACTITIONER DETAILS	REFERRING CONSULTANT (Contact details essential if further clinical information required by Bourn Hall Clinic)
<u>Name</u>	<u>Consultant:</u>  <u>Direct line:</u>  <u>Email:</u>
<u>Address</u>	<u>Address:</u>
<u>Contact Details</u>  <u>Tel:</u>  <u>Email:</u>	<u>Nurse:</u>  <u>Direct line:</u>  <u>Email:</u>

**Diagnosis:** .....

**Proposed treatment:** .....

**Intended treatment commencement date:** .....

**INVOICE DETAILS (For BHC to complete)**

**NHS Funding Body (CCG):** .....

**IFR reference number for funding:** .....

Before referring a patient to us for fertility preservation, please complete this checklist:

	Tick for YES
<p>The patient is physically fit to undergo fertility preservation</p> <p><i>(must be ambulatory, able to make informed decisions and, if freezing eggs / embryos, fit to undergo sedation or general anaesthesia)</i></p>	
<p>A virology report for:</p> <ul style="list-style-type: none"> <li>• Hepatitis B surface antigen,</li> <li>• Hepatitis B core antibodies,</li> <li>• Hepatitis C antibodies</li> <li>• HIV</li> <li>• HTLV 1 + 2</li> </ul> <p><i>(Do not delay referral if waiting for these results)</i></p>	
<p>The patient has not travelled abroad to a Zika Virus country</p> <ul style="list-style-type: none"> <li>• in the last 3 months (for single men or men / women in a relationship) or</li> <li>• in the last 2 months (for single women).</li> </ul> <p><i>(please refer to the website below for the current risk levels)</i>  <a href="https://www.gov.uk/guidance/zika-virus-country-specific-risk">https://www.gov.uk/guidance/zika-virus-country-specific-risk</a></p>	
<p>For female referrals:</p> <p>A Full Blood Count (FBC) report is sent to us.</p> <p><i>(if you believe that the patient has any additional risks i.e. haematological, neurological, or associated infection or anaesthetic risks, please add any additional comments and recommendations below)</i></p>	
<p>If the patient has breast cancer, additional comments on the type of oestrogen receptors (positive or negative) are required.</p> <p><i>(if oestrogen-receptor positive, we fine-tune our stimulation regime to moderate the anticipated rise of oestrogen levels)</i></p>	
<p>Additional comments:</p>	

**Please forward the completed referral to Bourn Hall Clinic:**

Email: [ournhall.referral@nhs.net](mailto:ournhall.referral@nhs.net) (preferred for urgent referrals)

For any enquiries, please contact our Patient Services team on 01954 717 210