



Wales Fertility Institute - Cardiff
University Hospital Wales
Heath Park
Cardiff
CF14 4XW
Tel: 02920 743558
Fax: 02920 745158

REFERRAL FOR SPERM STORAGE

Patient Name:			
Hospital No.		DOB:	
Partners Name:			
Hospital No.		DOB:	
Address:			
Contact No.			

Name of Consultant:	
Speciality:	
Signature:	
Referring Health Board:	

Reason for Storage:					
Date of operation/treatment:					
For the referral of minors:					
I (referring clinician) confirm that the patient has been assessed for Gillick competence and understands the nature and reason for this referral including the need to produce a semen sample by masturbation					
Referring clinician		Signature		Date	

Created or reviewed by: A Storey Authorised by: P Knaggs Version: 2

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Test	Date sent	For laboratory use only	
		Report received	Result
Anti HIV 1&2			
HBsAg			
HBcAb			
HCV			
HTLV 1 &2			
Syphilis			
Urine sample for NAAT Gonorrhoea			
Urine sample for NAAT Chlamydia			

Virology screening results are only valid if obtained **no more than 15 days** prior to sperm storage.

When requesting screening tests, please ensure that the testing laboratory is aware that the tests are being requested for Wales Fertility Institute and that they send a copy report directly to the Unit. Samples cannot be stored until we receive negative screening tests for the patient.

The patient will be required to complete HFEA GS and CD forms, if he has a partner we will also require a HFEA MT form from the patient and a CD form from the partner. The patient should bring the completed forms with him to the first storage appointment. Forms can be downloaded from the HFEA website (<https://www.hfea.gov.uk/about-us/how-we-regulate/consent-forms/>).

We will also require the patient and partner to provide photo ID at the first appointment.

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