Edinburgh Fertility Centre

**Semen Analysis Referral**

Laboratory Form

**Referrer information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of referral |  | Form completed by | |  |
| Referring doctor |  | | | |
| Hospital/Dept |  | | | |
| **For referring doctors outside the Edinburgh Fertility Centre:** | | | | |
| Phone number |  | | Email |  |

**Patient and partner information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Patient information** |  | **Partner information** | |
| Name |  | Name |  | |
| Address |  | Address |  | |
|  |  |  |
|  |  |
| DOB / CHI |  | DOB / CHI |  | |
|  | (Attach addressograph, if available) |  |  |  |
| Phone number |  |  | | |

**Andrology request information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of analysis | Routine fertility investigation[[1]](#footnote-1)  Vasectomy reversal  Post-chemo/radiotherapy follow-up  Query retrograde ejaculation[[2]](#footnote-2)  Post-vasectomy semen analysis[[3]](#footnote-3) | Has the patient had a semen analysis before? | | |
| Yes | No | |
| If yes, date of last semen analysis | |  |
|  |  |  | |  |
| Other relevant information: | | | | |

**Does the patient have an appointment scheduled within the next 6 weeks for semen analysis results to be discussed?**

Yes – Results will be discussed at their next appointment

No – Patient is to be phoned by doctor to provide results

|  |
| --- |
| **Submission of referral**  Please note that incomplete referrals will not be actioned.   * Provide the patient with the Semen Analysis Laboratory Form with labels attached. * Provide the patient with the correct specimen pot (weighed and toxicity tested) with label attached. * Advise the patient to wait at least 2 working days before phoning the laboratory for an appointment (phone number on Semen Analysis Laboratory Form) * Please put the referral form in the referral tray in the andrology office or email RML.enquiries@nhs.scot. |

1. One semen analysis required in the first instance. Report will indicate if a repeat is required. [↑](#footnote-ref-1)
2. Please provide two specimen pots if querying retrograde ejaculation. [↑](#footnote-ref-2)
3. Confirmatory tests only (i.e. if sperm seen in the last sample analysed by NHS Lothian Pathology Dept). [↑](#footnote-ref-3)