

Semen Analysis Request

Birmingham Women's NHS Foundation Trust
Booking Office
Mindelsohn Way
Edgbaston
Birmingham
B15 2TG
Telephone 0121 623 6845
Fax: 0121 627 2768

Referring Doctor/Dept/Hospital/GP Practice Stamp

Secure e-mail Address:

Please complete this form and send to the above address. Your patient will be offered an appointment to attend the Andrology Department. The results will be returned by post, usually within 7 days of the test. Alternatively, reports can be sent electronically if a secure encrypted e-mail address is provided in the section above. Please note, the laboratory will not give results over the telephone.

Male Partner

Patients Name:	DOB:
Address:	
Phone No:	
NHS No:	
GP:	

Female Partner

Patients Name:	DOB:
Address:	
Phone No:	
NHS No:	
GP:	

Please ensure that ALL above details are completed as failure to do so may result in a delay in the form being processed

Relevant Clinical History (if additional to below):

Is there an increased infection risk? YES / NO

Is this the first Semen Analysis? YES / NO

If this is NOT the first test, was the previous test:

- Undertaken at the Women's Hospital? YES / NO
(Please attached test if this was not undertaken at the Women's Hospital)
- Undertaken within the last 12 months? YES / NO Date of Test (if known): --/--/----

For repeat tests please indicate previous results and reason for repeat:

Previous Repeat Semen Analysis Appointment Date (if applicable): --/--/----

Requesting Doctor (Please print and sign name)

Name..... Signed..... Date.....