



Male Fertility Preservation - Sperm Storage Request

NUH Life
A Floor West Block
Queens Medical Centre
Derby Road
Nottingham
NG7 2UH

Referring Clinician/Department

GP Practice

Patient:

LABEL

Patients Tel No:

REASON FOR STORAGE

Chemotherapy*

Radiotherapy*

Surgery*

Assisted Conception

Surrogacy/Known donation

Other (specify)

*Diagnosis _____

*Likely Therapy _____

*Likely Start Date _____

Urgent / Non- Urgent

VERY IMPORTANT! LEGAL REQUIREMENT

GMC REGISTERED MEDICAL PRACTITIONER TO COMPLETE
To enable LONG-TERM sperm storage

In my opinion this man has or is likely to be rendered 'prematurely infertile.'

Name of Medical Practitioner:

Signature:

Date:

NUH Depts only: Please take bloods for:
HIV1/2
Hepatitis B (Anti-HBc & HBsAg)
Hepatitis C
Date taken:

Service Restriction Policy for ALL Nottingham & Nottinghamshire CCG Patients.

Has a Prior Approval Form been submitted?

Yes No

Please forward approved forms to nuhnt.andrology@nhs.net

Requesting Dept – If patient present please phone the laboratory on 0115 9709417 for an appointment. Also please scan and email this form to the following address: NUH Depts use andrology@nuh.nhs.uk or Non NUH Depts use nuhnt.andrology@nhs.net with complete patient details

Requested by _____ Date _____

Position _____ Telephone No. _____

Appointment Date:
(Clinic use only)