Document Code: SCI-AND-FORM-152	Version No: 3	
Document Title: Leighton Hospital Semen Analysis Referral Form		
Date of issue: 07.04.2025	Date of review: 07.04.2027	The Hewitt Fertility Centre
Owner: R Lunt	Author: O Villis	

Leighton Hospital Semen Analysis Referral Form

Date of referral:

Patient details:	Patient Address:		
Name:			
Date of birth:			
NHS no:			
Mobile number:			
	Please inform the patient that a pack will be sent to this address		
Details of referring clinician:			
Clinician's Name:			
Clinician's/Practice Address:			
NB. Results are returned via post to the clinician within 10 working days of the patient's test.			
Appointment type required:			
Fertility semen analysis			
Post-vasectomy semen analysis Date Procedure performed			
Post-vasectomy reversal semen analysis Date Procedure performed			
Additional information: e.g. Relevant clinical history, history of violence/aggression, viral risk, disability etc.			
NB. If interpreter is required, please arrange one for your patient once they receive their appointment date.			

Please return this form via email to semen.analysis@mcht.nhs.uk

Ward 25 (Gynaecology Outpatients) Leighton Hospital Middlewich Road Crewe CW1 4QJ 01270 612212