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|  | **IUI Referral Form** **Wales Fertility Institute, Neath Port Talbot Hospital****Baglan Way, SA12 7BX****Tel: 01639 862698** | **Operational Forms and Record Sheets** |

**PLEASE SEND COMPLETED REFERRAL TO** **SBU.Referrals.WFI@wales.nhs.uk**

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| **Name of Referring Clinician:** | Click or tap here to enter text. |
| **Hospital/Referral Centre (including Postcode):** | Click or tap here to enter text. |
| **Referral Date:** | Click or tap here to enter text. |
| **Patient ID**Click or tap here to enter text. | **Partner ID (if applicable – please include home address)**Click or tap here to enter text. |
| **Tel**: Click or tap here to enter text. | **Tel**: Click or tap here to enter text. |
| **Email**: Click or tap here to enter text. | **Email**: Click or tap here to enter text. |
| **VISA Share Code (required for all visas):** Click or tap here to enter text. | **VISA Share Code (required for all visas):** Click or tap here to enter text. |

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| **MEDICAL HISTORY** |
| Diagnosis and Duration | Click or tap here to enter text. |
| Number of clomiphene/tamoxifen or Letrozole cycles taken/ongoing: | Click or tap here to enter text. |

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| **ELIGIBILITY CRITERIA****The patient(s) MUST conform to all below eligibility criteria to enable referral.** **Please see criteria attached for information.** |
| Patients have permanent residency status in UK, or valid visa with access to public funds (please check and provide share code above where applicable), AND | [ ]  |
| Lead Patient age up to 39 years and 6 months.Referral for age exceeding this will not be accepted. No treatment will be started after age 40 years.  | [ ]  |
| Demonstratable cause of subfertility or unexplained subfertility (negative full investigations) > 2 years | [ ]  |
| No children together (couples) / No biological or adopted child (single females) | [ ]  |
| BMI of lead patient is between 19 and 30 (inclusive) at time of referral | [ ]  |
| Non-smoking / not using E-Cigarettes with nicotine OR have stopped smoking for at least 3 months.  | [ ]  |
| No IUI treatment offered after one failed or cancelled IVF cycle (NHS or private) for poor ovarian response | [ ]  |
| Individual/Couple conforms to HFEA Code of Practice, including the consideration of the welfare of the child that may be born. | [ ]  |
| Patients may be expedited on the waiting list for the following reasons:* Age >36 years
* Post-surgical treatment of endometriosis
* Post Ovarian Drilling for resistant PCOS
* In special circumstances – please write to WFI Clinical Lead.
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| *If clinically appropriate, up to* ***three******(3) completed cycles*** *are offered on the NHS (Cancelled cycles for poor/over response are not included in this total).*  |

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| **LEAD PATIENT** | Date of Test – within last 12 months | Result (please include copy) |
| BMI  | Click or tap here to enter text. | Click or tap here to enter text. |
| Chlamydia | Click or tap here to enter text. | Click or tap here to enter text. |
| Gonorrhoea | Click or tap here to enter text. | Click or tap here to enter text. |
| Rubella – patient confirms immunisation is up to date, OR, evidence of 2 imms OR serology | Click or tap here to enter text. | Click or tap here to enter text. |
| Progesterone (Mid Luteal) | Click or tap here to enter text. | Click or tap here to enter text. |
| FSH (Day 2-5) | Click or tap here to enter text. | Click or tap here to enter text. |
| TSH | Click or tap here to enter text. | Click or tap here to enter text. |
| Pelvic Assessment by (please select):Laparoscopy [ ] HyCosy [ ] HSG [ ]  | Click or tap here to enter text. | Left Tube: Patent [ ] Non patent [ ] Right Tube: Patent [ ] Non Patent [ ]  |
| **Must have bilateral tubal patency. Single patent tube or any tubal compromise will not be eligible.** |

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| **PARTNER** | Date of Test – within last 12 months | Result (please include copy) |
| Chlamydia | Click or tap here to enter text. | Click or tap here to enter text. |
| Gonorrhoea | Click or tap here to enter text. | Click or tap here to enter text. |
| Semen Analysis (if applicable)**Criteria for SA:**Total Mobile Sperm Count (TMSC) >20million sperm.Where TMSC = Sperm Concentration (million/ml) x Semen Volume (ml) x Progressive Motility (a+b) % | Click or tap here to enter text. | Click or tap here to enter text. |