|  |  |  |
| --- | --- | --- |
|  | **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**](mailto:SBU.Referrals.WFI@wales.nhs.uk)

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. | |
| *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).* | |

|  |  |  |
| --- | --- | --- |
| **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.** | |

|  |  |  |
| --- | --- | --- |
| **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. |