

**Referral Form for Fertility Assessment and Treatment
In Vitro Fertilisation(IVF)/Intracytoplasmic Sperm Injection (ICSI)**

EFFECTIVE FROM 1ST April 2014 – ALL NEW GP REFERRALS

Criteria for Referral for Assessment by Fertility Services:

1. In order to refer a couple for assessment by the Fertility services for IVF/ICSI, all questions **MUST** be answered.
2. Any 'No' responses will mean that the couple do **NOT** qualify for other assisted conception treatments (IVF/ICSI).
3. Please refer to your local CCG policy for details of eligibility criteria for assisted conception treatments including Intrauterine Insemination (IUI), Donor Insemination (DI), Oocyte Donation (OD)

Woman's Name, Address, DOB GP Length of subfertility	Form to be completed by GP as part of referral to Fertility Services within Secondary Care.	Partners Name, Address, DOB GP
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Eligibility Criteria			
Women's Age	Is under 40 years Couples who have self-funded will be entitled to 1 NHS cycle provided they have not received more than 2 cycles Frozen embryo transfers from a privately funded IVF cycle will not be funded by the NHS even if NHS IVF funding has been approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Between 40-42 years provided: a) They have never previously had IVF. b) There is no evidence of low ovarian reserve i.e <8.9 c) There has been a discussion about the implications of IVF and pregnancy at this age	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Follicle Stimulation Hormone Levels (FSH)	The woman has a FSH level of <8.9	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Women's BMI	More than 19 and less than 30	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Welfare of the child	The welfare of any resulting children is paramount. In order to take into account the welfare of the child, the centre should consider factors which are likely to cause serious physical psychological or medical harm, either to the child to be born or to any existing children of the family. This is a requirement of the licensing body, Human Fertilization and Embryology Authority.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Structure	Neither partner has a living child from current or any previous relationship, excluding foster children. NB: A child adopted by the patient or adopted in a previous relationship is considered to have the same status as a biological child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Smoking	Both partners must be non-smoking in order to access any fertility treatment and must continue to be non-smoking throughout treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO

To be completed by the couple

We have read and understood the eligibility for funding of IVF/ICSI and confirm we do meet the criteria for this treatment.

Signed:	Signed:
Date:	Date:

To be completed by the GP Please confirm:

- I have informed the couple that this intervention is only funded where criteria are met.
 The couples are aware of the limits of treatments offered under the NHS under this care pathway

Signed:	Date:
Print Name:	Referring GP/Consultant :
Contact Address:	
Email:	Telephone No:

To be completed by GP prior to referral to secondary care

Investigations			Date	
			Female	Male
Serum FSH Level				
Serum LH Level				
Serum Progesterone at Day 21:				
Serum Prolactin:				
Serum Rubella:				
ABO Blood group & haemolytic antibodies				
Serum TSH				
Serum Testosterone				
Surgical Investigations			Date	
Tubal Surgery:	Yes	No		
Laparoscopy & Dye:	Yes	No		
Hysteroscopy	Yes	No		
Hysterosalpingogram	Yes	No		
Semen Analysis:				
Count				
Motility				
Morphology				

To be completed by GP/Secondary Care prior to referral to Fertility Provider

Screening				
Test	Female		Male	
	Neg/Positive	Date	Neg/Positive	Date
HIV Screening				
Hep B Surface Antigen				
Hep B Core Antibody				
Chlamydia Screening				
Hep C				
Cervical Swab				

Please confirm – I recommend proceeding to IVF/ICSI for this couple

Signed:	
Consultant Name:	Date:

List of Fertility Providers 2014'15

To ensure that choice has been made available to your patient please note the list of Fertility Providers that hold contracts for Fertility Treatment within the East Midlands area.

Provider	Address/Website details	Please tick chosen provider
Burton Centre for Reproductive Medicine	Burton Centre for Reproductive Medicine Queens Hospital Belvedere Road Burton upon Trent Staffs. DE13 ORB	
Care Fertility, Nottingham	Care Fertility John Webster House 6 Lawrence Drive Nottingham Business Park Nottingham NG8 6PZ W: www.carefertility.com	
Care Fertility, Northampton	Care Fertility 67 The Avenue Cliftonville Northampton NN1 5BT W: www.carefertility.com	
Care Fertility, Sheffield	Care Fertility 24-26 Glen Road Sheffield S7 1RA W: www.carefertility.com	
NURTURE	NURTURE University of Nottingham University Park Nottingham NG7 2RD W: www.nurture.ac.uk	
Oxford Fertility Centre	Oxford Fertility Unit Institute of Reproductive Sciences Oxford Business Park North Oxford OX4 2HW W: www.oxfordfertilityunit.com	