

**PRELIMINARY INVESTIGATION RESULTS REQUIRED FOR  
INITIAL CONSULTATION**

To: BCRM, Southmead Hospital, Westbury on Trym, BRISTOL BS10 5NB

From:

Signature:

Date:

PCT Funded:

Self Funded:

Re: ..... BCRM No.....

**Preliminary Investigations Results**

Tick:	Female:	Date:	Result:
	Hepatitis B surface antigen - HARD COPY MUST BE ENCLOSED		
	Hepatitis B core antibody - HARD COPY MUST BE ENCLOSED		
	Hepatitis C serology - HARD COPY MUST BE ENCLOSED		
	HIV Screening - HARD COPY MUST BE ENCLOSED		
	Syphilis - HARD COPY MUST BE ENCLOSED		
	Rubella		
	Chlamydia serology		
	Serum LH ( <i>Up to Day 4 of menstrual cycle</i> )		
	Serum FSH ( <i>Up to Day 4 of menstrual cycle</i> )		
	Serum Estradiol (E2) ( <i>Up to Day 4 of menstrual cycle</i> )		
	Serum Testosterone		
	Serum TSH		
	Hb/basic haematology		
	Haemoglobinopathy screen by Hb electrophoresis ( <i>if non-Caucasian</i> )		
	<b>Male:</b>		
	Hepatitis B surface antigen - HARD COPY MUST BE ENCLOSED		
	Hepatitis B core antibody - HARD COPY MUST BE ENCLOSED		
	Hepatitis C serology - HARD COPY MUST BE ENCLOSED		
	HIV Screening - HARD COPY MUST BE ENCLOSED		
	Syphilis - HARD COPY MUST BE ENCLOSED		
	Previous Semenology ( <i>if applicable</i> ):		Density:
			Motility:
			Morphology:

*Continued overleaf*

The following investigations will be requested on an individual basis:

Tick:	Female:	Date:	Result:
	CMV Serology		
	Blood Group		
	Cystic Fibrosis Screen		
	Chromosome analysis		
	SHBG		

Tick:	Male:	Date:	Result:
	Serum FSH / LH		
	Serum Testosterone		
	Serum Prolactin		
	Blood Group		
	Hb/basic haematology		
	Haemoglobinopathy screen by Hb electrophoresis ( <i>if non-Caucasian</i> )		
	Chromosome analysis ( <i>lithium heparin 'green-top' tube,</i> )		
	Microdeletions Y chromosome (EDTA, 'purple-top', tube)		
	Cystic Fibrosis Screen (EDTA, 'purple-top', tube)		

PCT

HSG / LAPAROSCOPY