**Semen Analysis Request Form**

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| --- |
| *Clinic Use only* ID No.  |

**Patient Details**

|  |  |
| --- | --- |
| Patient Name | Date of Birth |
| Patient NHS Number | Address |
| Telephone Number |  |
| Partner Name |  |

**Referring GP Details**

|  |  |
| --- | --- |
| GP Full Name | GMC Number |
| GP Telephone Number | GP Surgery Address |
| E-mail Address |  |
| Confirmation of NHS ICB Funding Yes/No |  |
| Signature of referring GP |  |
| Date |  |
| Any useful additional clinical information (including results of previous semen analysis)  |

Please return this completed form by post or by e-mail to:

* bristol@londonwomensclinic.com (secure email account) or by post to London Women’s Clinic Bristol, Nuffield Health Bristol Hospital, The Chesterfield, 3 Clifton Hill, Bristol, BS8 1BN [[Directions](https://remedy.bnssg.icb.nhs.uk/media/5565/new-bristol-clinic-location.pdf) to New Location]
* ruh-tr.enquiries-bfc@nhs.net (secure email account) or by post to CARE Fertility Bath, Roman Way, Bath Business Park, Peasedown St John, Bath BA2 8SG
* lab@bcrm.clinic (secure email account) or by post to Bristol Centre for Reproductive Medicine, 135 Aztec West, Almondsbury, Bristol BS32 4UB
* create.herts@nhs.net or by post to CREATE Fertility Bristol, 1 Trinity St, College Green, Bristol BS1 5TE

**The Clinic will contact the patient to provide further instruction, sample pots and arrange an appointment.**

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