

# Post Vasectomy Sample

Birmingham Women's   
NHS Foundation Trust

Birmingham Women's NHS Foundation Trust  
Booking Office  
Mindelsohn Way  
Edgbaston  
Birmingham  
B15 2TG  
Telephone: 0121 623 6845  
Fax: 0121 627 2768

Referring Doctor/Dept/Hospital/GP Practice Stamp

Secure e-mail Address: .....

Please complete this form and send to the above address. Your patient will be offered an appointment to attend the Andrology Department. The results will be returned by post, usually within 7 days of the test. Alternatively, reports can be sent electronically if a secure encrypted e-mail address is provided in the section above. Please note, the laboratory will not give results over the telephone.

## Male Patient

Patients Name:	Phone No:
DOB:	NHS No:
Address:	GP:

Please ensure that ALL above details are completed as failure to do so may result in a delay in the form being processed

**Relevant Clinical History** (if additional to below):

Is there an increased infection risk?	YES / NO
Date of Vasectomy:	
Is this the first Post Vasectomy Semen Analysis?	YES / NO
If this is NOT the first test, was the previous test undertaken at the Women's Hospital? <i>(Please attach test if this was <u>not</u> undertaken at the Women's Hospital)</i>	YES / NO

**Post Vasectomy Analysis:**  
(Please indicate below whether this is the first or second Post Vasectomy Semen Analysis)

16 Weeks	<input type="checkbox"/>	22-24 Weeks	<input type="checkbox"/>
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## Requesting Doctor (Please print and sign name)

Name..... Signed..... Date.....