

<b>Sims IVF Group</b>		<b>Form No.</b>	AF-0018
<b>Revision No.</b>	11	<b>Effective Date</b>	24/10/2024
<b>Referral Form for Female Oncology Patient – Fertility Preservation</b>			



**Sims IVF provides fertility preservation services over its multiple sites. These sites are:**

<p><b>Sims IVF Swords</b> Unit 5/6A Swords Business Campus Balheary Road Swords, Co.Dublin K67 A6K5</p>	<p><b>Sims IVF Clonskeagh</b> The Sims Building Clonskeagh Road Dublin D14A312</p>	<p><b>Sims IVF Cork</b> City Gate Mahon Cork T12 WEF9</p>
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Please indicate which of the clinics your patient wishes to attend for fertility preservation by ticking the relevant box below:

Clinic site	Please tick only one option below
Sims IVF Swords	
Sims IVF Clonskeagh	
Sims IVF Cork	

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Please **PRINT** details:

Patient's Full Name	
Date of Birth	
Mobile Phone No.	
Patient's Full Address	
Cancer Diagnosis	
Granted Medical Clearance for fertility treatment until (DD/MM/YY)	<u>A MANDATORY MINIMUM 4 WEEKS MEDICAL CLEARANCE IS REQUIRED</u>

**Treatment Planned:**

- CHEMOTHERAPY      Date to start: \_\_\_\_\_
- RADIOTHERAPY      Date to start: \_\_\_\_\_
- SURGERY      Date to start: \_\_\_\_\_
- ON SURVEILLANCE      Date to start: \_\_\_\_\_
- OTHER \_\_\_\_\_ Date to start: \_\_\_\_\_

**Prognosis:**

- GOOD
- FAIR
- POOR

**Mandatory EU Viral Screen Information: Treatment cannot commence without NVRL results (expire after 90 days) – HIV I&II, Hep C Ab, Hep B Surf Ag, Hep B Core, CMV IgG.**

EU virals screens have been ordered for the above-named patient and these bloods will or have been sent to the NVRL in UCD or Enfer Medical. I confirm I have organised for the original blood results to be sent to the above selected Sims site in order for an appointment to be made by the scheduling team. (NVRL Phone Number: 01 716 4401 or Enfer Medical +353 (0) 45 819 000.)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

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Referring Person's Name	
Job Title :	
Direct contact number for urgent queries must be provided:	<b>Mobile :</b>
	<b>Direct Dial (<u>General Hospital Number not accepted</u>):</b>
Email must be provided:	
Oncology Consultant & Mobile Number:	
Referring Hospital:	
Email contact:	

Sims IVF provides a HSE funded fertility preservation service for oncology patients facing potential gonadotoxic cancer treatment. I can confirm that this is correct for the above named patient.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**MANDATORY 4 WEEKS MEDICAL CLEARANCE REQUIRED BEFORE WE CAN REVIEW:**

**Medical Clearance Section (to be completed by Medical Consultant)**

Patient (Full Name) \_\_\_\_\_ has been deemed fit to have hormonal stimulation with transvaginal oocyte harvesting, although there are theoretical risks to her cancer.

I attach a detailed referral letter specifying full information on past treatment and planned treatment. If the treating doctor at Sims IVF has any queries, I can be contacted directly.

Has the patient travelled outside of Europe within the last 2 months?  Yes  No

Does this patient require wheelchair access facilities?  Yes  No

Is this patient 18 years of age or over?  Yes  No

Is Diagnosis Leukaemia or Lymphoma?  
(If yes kindly attach most recent Full Blood Count Result)  Yes  No

Has the patient previously undergone chemotherapy/  
radiotherapy treatment?  
(If the answer is Yes to the above what treatment did the patient undergo  
and when?)  Yes  No

**If the patient has previously underwent chemotherapy attach a recent AMH blood test result.**

I attach a detailed referral letter specifying full information on past treatment and planned treatment. If the treating doctor at Sims IVF has any queries, I can be contacted directly.

Contact details: \_\_\_\_\_

Medical Consultant Name: \_\_\_\_\_

Medical Consultant Signature: \_\_\_\_\_

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**Data Protection Information**

The information written in this form will be sent to Sims IVF and it is important to note that all personal data received at Sims IVF will be processed as per Sims IVF Privacy Policy which is available on <https://www.sims.ie/privacy-policy>. The patient’s demographic information received from this form will first be used to help us contacting and identifying the patient. Sims IVF understands that health information is very sensitive in nature and will be processed to ensure our clinicians and staffs have all information necessary to ensure best care for the patient. Any data protection queries can be sent to [dpo@virtushealth.ie](mailto:dpo@virtushealth.ie).

**I confirm that I have explained the above statement to the patient and that the patient agreed for me to send the following information to Sims IVF.**

Referring Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Sims IVF Swords</b> <b>Tel: 01 807 2732</b>  <b>Email: <a href="mailto:infoswords@sims.ie">infoswords@sims.ie</a></b>	<b>Sims IVF Clonskeagh</b> <b>Tel: 01 208 0710</b>  <b>Email: <a href="mailto:infoclonskeagh@sims.ie">infoclonskeagh@sims.ie</a></b>	<b>Sims IVF Cork</b> <b>Tel: 021 441 0900</b>  <b>Email: <a href="mailto:infocork@sims.ie">infocork@sims.ie</a></b>
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**NB: IN ORDER TO RECEIVE THE FASTEST POSSIBLE RESPONSE, PLEASE RING THE NUMBER OF THE APPROPRIATE CLINIC ABOVE TO ARRANGE AN APPOINTMENT.**