

Sims IVF Group		Form No.	CF-0190
Revision No.	07	Effective Date	10/01/2024
Male Oncology Referral Form for Semen Cryopreservation			



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

<p>Sims IVF Swords Unit 5/6A Swords Business Campus Balheary Road Swords, Co.Dublin K67 A6K5</p>	<p>Sims IVF Clonskeagh The Sims Building Clonskeagh Road Dublin D14A312</p>	<p>Sims IVF Cork 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	<input type="checkbox"/>
Sims IVF Clonskeagh	<input type="checkbox"/>
Sims IVF Cork	<input type="checkbox"/>

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THIS FORM MUST BE FULLY COMPLETED AND FORWARDED BY EMAIL TO SIMS PRIOR TO A PATIENT'S VISIT TO SIMS.

Please **PRINT** details.

Patient's Full Name	
Date of Birth	
Mobile Phone No.	
Patient's Full Address	
Cancer Diagnosis	

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

Current Medication: _____

Referral Information

Referring Person's Name	
Job Title	
Direct contact number for urgent queries	Mobile:
	Direct Dial:
Referring Consultant	
Referring Hospital	
Contact Number(s)	
Bleep	

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Sims IVF provide an HSE funded fertility preservation service for oncology patients over the age of 18 years old, facing potential gonadotoxic cancer treatment.**

I can confirm that this is true for the above named patient.

Name of referrer (Please print): _____

Signature: _____

Date: _____

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 Eurofins Biomnis, Three Rock Road, Sandyford, Dublin for testing. I confirm I have organised for the original blood results to be sent to Sims Swords in order for an appointment to be made by the scheduling team. (NVRL Phone Number: 01 716 4401 or Eurofins Biomnis Phone number: 1800 252 966)

Name of referrer (Please print): _____

Signature: _____

Date: _____

Has this patient had chemotherapy/radiotherapy treatment previously?

Yes No

If yes please document when: _____

(If within the past 6 months the Fertility Preservation following recent Chemotherapy/Radiotherapy waiver on page 4 must be completed)

Is this patient medically fit to attend and attempt to produce a semen sample in the clinic?

Yes No

Has the patient travelled outside of Europe within the last 3 months?

Yes No

Does this patient require wheelchair access facilities?

Yes No

****NB: Sims IVF cannot perform fertility preservation for anyone under the age of 18. In such cases these patients should instead be referred to Merrion Fertility Clinic, 60 Lower Mount Street, Dublin 2. (01) 5567900**

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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.

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: _____

Helpful Information

Required NVRL Tested (These must be taken within 90 days of sample production at Sims):

- HIV I and II
- Hepatitis C Ab
- Hepatitis B Surf Ag
- Hepatitis B Core Ab
- CMV IgG

Contact Details

Sims IVF Swords Tel: 01 807 2732 Email: infoswords@sims.ie	Sims IVF Clonskeagh Tel: 01 208 0710 Email: infoclonskeagh@sims.ie	Sims IVF Cork Tel: 021 441 0900 Email: infocork@sims.ie
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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.

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Fertility Preservation following recent Chemotherapy/Radiotherapy waiver

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I _____ Declare that I have had Chemotherapy/
Radiotherapy treatment within last 6 months. I wish to undergo fertility preservation with Sims IVF and attempt to freeze a sample of my semen for future use should the need arise.

I have discussed with my Oncology Team/Consultant Re: medical risks of proceeding with semen freeze within 6 months of Chemotherapy/Radiotherapy . I still wish to go ahead with the attempt at fertility preservation and do not hold Sims IVF, their staff or agents responsible with regards to this, my informed decision, or any future implications concerning the use of my samples.

Patient name _____ Signature _____ Date _____

Oncology Team Representative

Name _____ Signature _____ Date _____