

**Referral for Assessment for Infertility to the services at UHB and NBT
Patients from the BNSSG catchment area only**



Please attach prospective
mother's identification label
here

Please attach partner's
identification label
here

Criteria for Referral for Assessment by Infertility Services

In order to refer a couple for assessment by the infertility services, couples must answer "Yes" to relevant questions below. Any "No" responses will mean that the couple do not qualify for routinely funded fertility assessment or treatment.

1.a	For couples in a heterosexual relationship - The couple have failed to conceive after regular unprotected sexual intercourse for 2 years, (unless there is a known medical condition which is likely to affect the fertility of either partner e.g. severe oligomenorrhoea or previous testicular surgery)	Yes/No n/a
1.b	For same sex couples - insemination on at least 10 non-stimulated cycles over a period of 2 years has failed to lead to a pregnancy	Yes/No n/a
2.	The couple have been in a stable relationship for two years or more	Yes/No
3.	The prospective mother is aged 42 years or younger at assessment	Yes/No
4.	The prospective father in a heterosexual relationship is aged 54 years or less	Yes/No
5.	Neither partner in a heterosexual relationship has been sterilised in the past	Yes/No
6.	Both partners must be non-smokers for at least six months	Yes/No
7.	The prospective mother's BMI must be between 19 and 30 kg/m ²	Yes/No
8.	At least one member of the couple is registered with a GP in the BNSSG area	Yes/No
9.	For same sex couples - has the possibility of the other partner trying to conceive before proceeding to interventions involving the sub-fertile partner been discussed and rejected	Yes/No n/a
10.	At least one partner does not have living offspring.	Yes/No
11.	Neither partner has received an NHS funded cycle of IVF treatment previously.	Yes/No

I recommend proceeding to an assessment by fertility services for this couple. (If the couple have separate GPs, this must come from both GPs).

I am the registered GP of: The prospective mother: The partner: Both:

Signed:		Name:	
Date:		Practice Address	

In order to access assisted conception services following investigation and assessment, couples will also be assessed against the following criteria. Please ensure your patient is informed of these criteria prior to referral:

- The prospective mother must be aged between 23 and 39 years. This is because the success of fertility treatment is significantly reduced once the prospective mother is 40 years old or older.
- Account will be taken of additional factors such as active hepatitis, alcoholism, intra-venous drug misuse that may adversely affect the welfare of any child born as a result of treatment or give rise to complex treatment issues.
- The male partner must have normal sperm function (except for ICSI, donor sperm or surgical sperm recovery)
- For assisted conception - the prospective mother's basal serum FSH level is less than 15iu/l.
- For IVF - the prospective mother's basal serum FSH level is less than 12iu/l.

Patients who are not eligible for treatment under the NHS Bristol fertility policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. This policy and the current version of this form are available at the [What the PCT Does & Doesn't Fund](#) section on the NHS Bristol website. Please check the website to ensure you are using the correct policy and form.

Please see [Exceptional Funding](#) for details of how to apply for exceptional funding approval