



Public Health
England

URGENT SAMPLE FOR PHE BRISTOL LABORATORY

Oncology referral to Fertility Clinic

NHS Number:

Surname:

Forename:

Date of Birth:

Sex: M/F (delete as appropriate)

Date of sample:

Results required by:

**Tests requested: HIV, Hepatitis B surface antigen,
Hepatitis B Core antibody, Hepatitis C antibody and
syphilis antibody**

Please fax results to:

Bath Fertility Centre,

Fax No: 01761 438580

(Email: embryology@bathfertility.com)

Please send hard copy of results to:

**Bath Fertility Centre, Bath Business Park, Roman Way, Peasedown St
John, Bath BA2 8SG**