The James Cook University Hospital
Department of Reproductive Medicine

Information for GPs making infertility referrals (including IVF / ICSI results 2014)

With the shorter time intervals from referral to initial consultation now allowed it has become increasingly important that basic investigations should be arranged before the referral is made. Generally the following investigations are required:

For the male partner:

- Semen analysis. Provide container and instructions (appended). If the analysis is done anywhere other than in this hospital it is important to ensure that the male partner has a copy of the result to bring with him. A third-hand message that the result was normal is not adequate.

  (Please note that the container must be labelled with **THE NAME OF THE MALE PARTNER** – if not, it will not be accepted at the pathology laboratory.)

For the female partner:

- Chlamydia trachomatis antibody screen and serum rubella. The rubella is only necessary if it has not been checked in the previous 10 years. Please note that it is only chlamydia trachomatis that we are interested in, not chlamydia pneumoniae. Also, it is the serum antibodies that we want, not an endocervical swab. This is because we want to know if she has **ever** had chlamydia trachomatis.

  (Please note that it is essential that the Chlamydia trachomatis blood test is carried out prior to the referral being made. It may not be possible to see patients in the out-patient clinic if the result of this test is unavailable.)

- Serum FSH / LH. This must be collected between days 1 and 5 of the menstrual cycle, except in the case of very infrequent periods when two random samples will suffice. Please ensure that we receive a copy of the result, with a clear message that the sample was collected about Day 3 of the cycle. A comment that the result was normal is generally not meaningful.

- Serum progesterone collected between 4 and 10 days prior to the onset of a period. Normally this will be on day 21 of the cycle. If the periods are very infrequent or irregular she is obviously not ovulating reliably and the progesterone is no longer important.

If your patient has had any of the above investigations performed at your surgery, it would be extremely helpful if they could bring a copy of the result along with them to their out-patient appointment.

Obviously there may be occasions when not all of the above investigations will be relevant or appropriate. I am very grateful for your assistance.

F Mustafa
Aug 2016
GUIDELINES FOR PATIENTS
Advice on semen sample collection and delivery
(These include samples for fertility investigations, post vasectomy samples, and vasectomy reversal samples.)

Please ensure that you obtain the correct container and paperwork for the collection and delivery of a semen sample from your GP before taking your sample to the hospital. The container must be labelled with the name of the male partner – if not it will not be accepted at the Pathology Laboratory. It is important that you observe the following points so that your semen sample reaches the Pathology Laboratory in good condition.

Please note that all sperm samples must be labelled with the NAME OF THE MALE PARTNER

Delivery times:

THE JAMES COOK UNIVERSITY HOSPITAL

Semen samples for fertility investigations and vasectomy reversal samples are accepted at the Pathology Department between 9.00 am and 4.30 pm, on Monday and Wednesday and Friday only.

Post vasectomy semen samples are accepted at the Pathology Department between 9.00 am and 4.30 pm, Monday to Friday only.

Please note: the laboratory is NOT open on Bank Holidays.

FRIARAGE HOSPITAL

Semen samples for fertility investigations and vasectomy reversal samples are accepted at the Pathology Department between 9.00 am and 4.30 pm, Wednesday only.

Post vasectomy samples are accepted at the Pathology Department between 9.00 am and 4.30 pm, Monday to Friday only.

Please note: the laboratory is NOT open on Bank Holidays.

Appointments may be made outside of these hours in exceptional circumstances by contacting the relevant hospital –

The James Cook University Hospital 01642 854131
Friarage Hospital 01609 763038
GUIDELINES FOR PATIENTS
Advice on semen sample collection and delivery at
The James Cook University Hospital and The Friarage Hospital
(Infertility investigations and vasectomy reversal)

Please ensure that you obtain from your GP the correct container and paperwork for the collection and delivery of a semen sample before taking your sample to the hospital. The container must be labelled with the name of the male partner – if not it will not be accepted at the Pathology Laboratory. It is important that you observe the following points so that your semen sample reaches the Pathology Laboratory in good condition.

1. Period of abstinence
   - Please try to avoid ejaculation for between two and six days prior to providing a sample. This is because it takes about two days for the semen to return to normal after ejaculation, and the semen will begin to deteriorate again if more than six days elapse without ejaculation.

   The period of abstinence should be noted on the Andrology Request Form in the box underneath the DATE/TIME TAKEN box.

2. Sample collection
   - Collect the sample by masturbation. Avoid the use of condoms. The whole sample should be collected directly into the container provided. Ensure that the lid of the container is tightly is place; the laboratory will not examine the sample if part of the sample has leaked out.

   The sample must be collected at home and not when you come into the hospital as there are no collection facilities at the Pathology Laboratory.

3. Sample labelling
   - The sample container must be labelled with the name, date of birth and address of the MALE PARTNER as well as the date and time the sample was produced.

   The specimen must be accompanied by a completed Andrology Request Form. The date and time the sample was produced must be written on the request form.

4. Delivery of sample
   - Samples must be taken to the laboratory as soon as possible after collection (ideally within one hour). The activity of the sperm will deteriorate rapidly after this time.

   Samples must be kept at body temperature during transport (eg kept in an inside pocket).

It is essential that the test is performed at least two weeks prior to your subsequent clinic appointment, or the results may not be available when you attend.
The result will be discussed with you at your next clinic appointment. **We cannot discuss these results over the phone.**

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**GUIDELINES FOR PATIENTS**

Advice on semen sample collection and delivery at The James Cook University Hospital and The Friarage Hospital

(Post vasectomy specimens)

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Please ensure that you obtain from your GP the correct container and paperwork for the collection and delivery of a semen sample before taking your sample to the hospital. The container must be labelled with the name of the male partner – if not it will not be accepted at the Pathology Laboratory. It is important that you observe the following points so that your semen sample reaches the Pathology Laboratory in good condition.

1. **Sample collection**
   - Collect the sample by masturbation. Avoid the use of condoms. The whole sample should be collected directly into the container provided. Ensure that the lid of the container is tightly in place; the laboratory will not examine the sample if part of the sample has leaked out.

   **The sample must be collected at home and not when you come into the hospital as there are no collection facilities at the pathology laboratories.**

2. **Sample labelling**
   - The sample container must be labelled with the name, date of birth and address of the MALE PARTNER as well as the date and time the sample was produced.

   - The specimen must be accompanied by a completed Andrology request form. The date and time the sample was produced must be written on the request form.

3. **Delivery of sample**
   - Specimens must be taken to the laboratory as soon as possible after collection (within four hours).
GUIDELINES FOR PATIENTS
Advice on alcohol consumption for patients undergoing fertility treatment at The James Cook University Hospital and The Friarage Hospital

ALCOHOL CONSUMPTION RECOMMENDATIONS
for patients undergoing fertility treatment

The National Institute for Clinical Excellence (NICE) guidance on the consumption of alcohol for patients undergoing fertility treatment is as follows -

- Women should be advised that any alcohol in excess of 1-2 units once or twice per week appears to impair female fertility.
- Men may consume up to 4 units of alcohol (2 pints of normal beer) per day without apparent detriment to fertility.

It is notable in the North East that many men have modest overall consumption of alcohol, but that they binge occasionally on 4-12 pints or more. We notice that such men are prone to wild fluctuations in the quality of their semen, and suggest that they should restrict their intake to not more than 2-3 pints or equivalent in any one day.
The James Cook University Hospital
Department of Reproductive Medicine

IVF/ICSI Results : Jan-Dec 2014

The table below gives our latest results for IVF/ICSI treatments carried out in the unit during the period January-December 2014, divided into age groups ranging from 35 to 44 years of age and above.

<table>
<thead>
<tr>
<th>IVF/ICSI</th>
<th>Total</th>
<th>&lt;35</th>
<th>35-37</th>
<th>38-39</th>
<th>40-42</th>
<th>43-44</th>
<th>&gt;44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no of cycles started</td>
<td>259</td>
<td>165</td>
<td>52</td>
<td>27</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>No of abandoned cycles</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No of EC</td>
<td>259</td>
<td>165</td>
<td>52</td>
<td>27</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>No of ET</td>
<td>245</td>
<td>157</td>
<td>48</td>
<td>26</td>
<td>12</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>No of (+) pregnancy tests (+) preg tests / cycle started</td>
<td>105</td>
<td>66</td>
<td>28</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>No of clinical pregnancies</td>
<td>79</td>
<td>50</td>
<td>20</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clinical preg / cycle started</td>
<td>305</td>
<td>30.3%</td>
<td>38.5%</td>
<td>25.9%</td>
<td>7.7%</td>
<td>50.0%</td>
<td>-</td>
</tr>
<tr>
<td>Clinical preg / emb transfer</td>
<td>32.2%</td>
<td>31.8%</td>
<td>41.7%</td>
<td>26.9%</td>
<td>8.3%</td>
<td>50.0%</td>
<td>-</td>
</tr>
<tr>
<td>No of live births</td>
<td>72</td>
<td>46</td>
<td>17</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Live birth / cycle started</td>
<td>27.8%</td>
<td>27.9%</td>
<td>32.7%</td>
<td>25.9%</td>
<td>7.7%</td>
<td>50.0%</td>
<td>-</td>
</tr>
<tr>
<td>Live birth / embryo transfer</td>
<td>29.4%</td>
<td>29.3%</td>
<td>35.4%</td>
<td>26.9%</td>
<td>8.3%</td>
<td>50.0%</td>
<td>-</td>
</tr>
<tr>
<td>No of twin pregnancies</td>
<td>15</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Twin pregnancy rate</td>
<td>19.0%</td>
<td>16.0%</td>
<td>25.0%</td>
<td>28.6%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Chem preg rate</td>
<td>24.8%</td>
<td>24.2%</td>
<td>28.6%</td>
<td>22.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-</td>
</tr>
</tbody>
</table>

Details of our previous years’ clinical pregnancies and live births are published by the Human Fertilisation and Embryology Department (HFEA) on their website at www.hfea.gov.uk. Please note that the HFEA website also provides additional information on how our own success rates compare with national success rates.

For help in understanding success rates and how they are presented, please visit http://hfea.gov.uk/fertility-clinics-success-rates.html.

Thank you.

FM/Aug 2016