



womens health  
UK

## Consent to sharing Semen Analysis Result

I..... (Name of patient) agree that the result of my semen analysis may be shared with my partner/wife ..... (Name). I understand that my General Practitioner and any Doctor treating me or my wife/partner for fertility problems will also be informed.

Signed ..... (Patient)

Date.....

Witnessed by ..... (Witness)

Date .....

Name of Witness .....

Semen consent v1.1 June 2011

Further information can be found at [www.womenshealthuk.co.uk](http://www.womenshealthuk.co.uk)  
Patient information leaflets may be downloaded from [www.gynaeuk.com](http://www.gynaeuk.com)