

IVF funding application form

This form can also be downloaded via our website www.ssit.org.uk

Personal details

Initials
Date of birth
NHS number
PCT

Southern Spinal Injuries Trust Criterion for Access to Financial Support for Sperm Retrieval and Intracytoplasmic Sperm Injection Treatment

Ref	Title	Criterion	Yes/No
1	Age of woman at time of cycle starting.	The time of the cycle of IVF starting for the first time should be after the woman's 26th birthday and before her 40th birthday.	<input type="checkbox"/>
2	Age of woman at time of referral to tertiary care from secondary care.	The age limit will be restricted to 26 to 39 years inclusive.	<input type="checkbox"/>
3	Previous infertility treatment.	Couples will be eligible for support if they have not already received three cycles of IVF treatment in line with evidence from NICE guidelines.	<input type="checkbox"/>

(Form continued on reverse)

Ref	Title	Criterion	Yes/No
4	Childlessness.	Couples will be eligible for support if they do not have a living child from their current relationship.	<input type="checkbox"/>
5	Sterilization.	Couples will not be eligible for support if either partner has been previously sterilized.	<input type="checkbox"/>
6	BMI.	Women must have a BMI between 19 and 29.9 inclusive for a period of six months before receiving treatment.	<input type="checkbox"/>
7	Smoking.	Both partners must be non-smokers for at least six months before receiving treatment.	<input type="checkbox"/>

Cost of treatment and authorisation

Cost of treatment you are requesting SSIT to fund:

£

Date you need SSIT's decision by:

Consultants' Name

Consultants' Signature

Date

Please return this completed form to:

SSIT, 21 Chipper Lane, Salisbury. SP1 1BG.