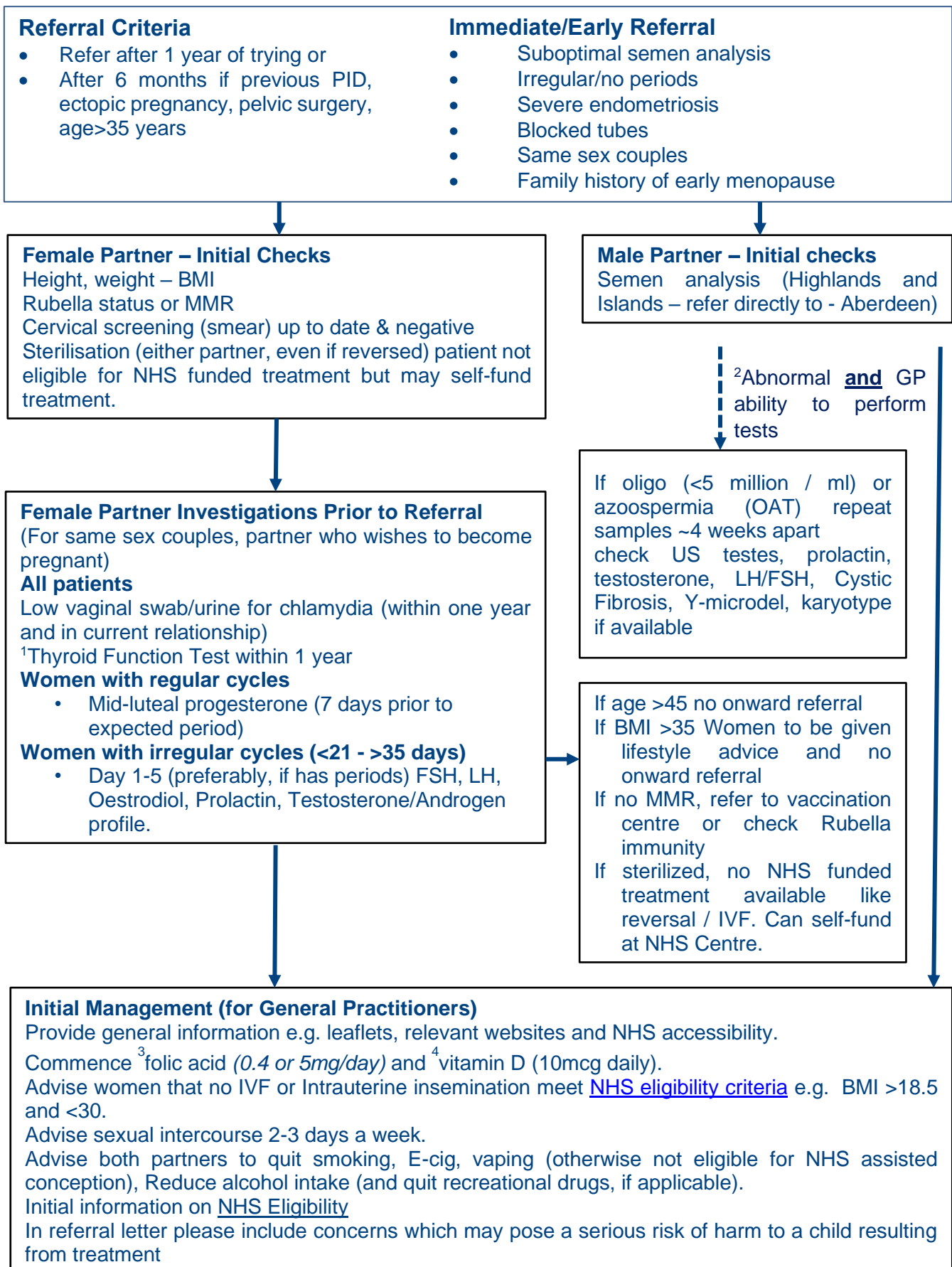


1. Referral – Primary to Secondary/Tertiary Care



2. Appendix 1

¹Thyroid Function Test

Thyroid test should be completed within one year at time of referral.

1) <https://www.rcog.org.uk/guidance/browse-all-guidance/scientific-impact-papers/subclinical-hypothyroidism-and-antithyroid-autoantibodies-in-women-with-subfertility-or-recurrent-pregnancy-loss-scientific-impact-paper-no-70/>

2) [https://www.fertstert.org/article/S0015-0282\(15\)00379-9/fulltext](https://www.fertstert.org/article/S0015-0282(15)00379-9/fulltext)

²Abnormal semen counts

The expectation is that all additional tests in cases of severe OAT will be performed at the Secondary/Tertiary centres unless the GP has the ability to request the appropriate tests and competent with managing the results.

³Folic Acid ([Vitamins and minerals in pregnancy | Ready Steady Baby! \(nhsinform.scot\)](#))

Daily 400 mcg (0.4 mg) folic acid tablet. Prescribe 5 mg folic acid if:

- a baby with a neural tube defect previously or a close family member with neural tube defect
- On anti-epileptic medication
- Diabetes, Coeliac disease, Sickle-cell anaemia or thalassaemia
- BMI > 30

⁴Vitamin D

Everyone should consider taking a daily supplement containing 10 micrograms (10µ) of vitamin D (400 IU), particularly during the winter months (October to March).

<https://www.gov.scot/publications/vitamin-d-advice-for-all-age-groups/#:~:text=Healthy%20Start%20vitamins%2C%20which%20contain,health%20visitor%20for%20further%20information>

Appendix 2

Confidentiality

GPs should obtain consent (expressed or implied) from the patient's partner if referring both the patient and partner. In the absence of this evidence the secondary/tertiary centre should obtain consent (expressed or implied) from the partner (see attached letter for example).