Trust/GP address

Date

IFR team

South, Central & West CSU

Omega House

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Dear team

Prior Approval– Female sterilisation

|  |  |
| --- | --- |
| Patient Name/ DoB |  |
| NHS Number |  |
| Referring GP/ practice |  |
| Consultant/ Providing Trust |  |
| Date of clinic |  |

Female sterilisation is not routinely funded but approval for surgical treatment of fertility in women may be sought as a standalone procedure or during a caesarean section when **all** the following criteria are met;

|  |  |
| --- | --- |
| The patient understands that the sterilisation procedure is irreversible and any attempt at the reversal of sterilisation operation would not be routinely funded |  |

**AND**

|  |  |
| --- | --- |
| She is certain that her family is complete |  |

**AND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| She understands that vasectomy in the partner is the preferred option but the male partner is unwilling or unable to consent to vasectomy or where it is not feasible  **AND**   |  |  |  |  | | --- | --- | --- | --- | | She has received counselling about all other forms of contraceptives and has either undergone  an unsuccessful trial of Long Acting Reversible Contraception (LARC) or where LARC is contraindicated or inappropriate  **Please provide details of the contraceptives tried or of the contraindication (required);**  **AND**   |  |  | | --- | --- | | She understands that she will be required to avoid sex or use effective contraception until the menstrual period following the operation and that sterilisation does not prevent against the  risk of sexually transmitted infections |  | |  | | ☐  ☐ |

**To the best of my knowledge I have given the most accurate and up to date information regarding this patient’s clinical condition.  I have ensured that I have obtained consent from my patient or their legal representative /guardian to share their information with SCW CSU for the purposes of enabling full consideration of this funding request. All applications for Prior Approval are recorded and applicants may be held accountable for the information they submit.**

Yours sincerely

Referring/Treating clinician GMC Number