



**CAN-AM
CRYO SERVICES
CORP**

1057 Main Street West, Suite 102
Hamilton, Ontario L8S 1B7
Telephone (905) 524-3342
Fax (905) 524-3936

Toll Free 1-888-245-3471
Toll Free Fax 1-877-772-6387
info@canamcryo.com
www.canamcryo.com

CAN-AM CRYOSERVICES SEMEN SPECIMEN COLLECTION AND DELIVERY DOCUMENTATION

Client Depositors must certify that the Human Reproductive Material (HRM) submitted for storage is exclusively obtained from the Client Depositor's own body.

A copy of the Client Depositor's Photo Identification is required to confirm identity.

CLIENT DEPOSITOR INFORMATION AND IDENTIFICATION

Client Depositor Name (LAST, First, Initial) _____ Date of Birth _____ / _____ / _____
YYYY MM DD

Street No & Name _____ City _____ Prov. _____ Postal Code _____

Telephone: Home: (_____) _____ Other: (_____) _____

CLIENT DEPOSITOR PHOTO IDENTIFICATION PROVIDED (only one piece of ID required)

CAN-AM initials	ID	Document Number	CAN-AM initials	ID	Document Number
	Ontario Driver's License	_____		OHIP	_____
	Canadian Passport	_____		IMM 5444	_____
	Indian Status Card	_____		Other	_____

If submitting your specimen using the preServe Sperm Transport Kit, please complete this document and include a photocopy of one piece of photo identification.

SEMEN SPECIMEN INFORMATION

- Date of Collection: _____ 2. Time of Collection: _____ AM PM
- Number of hours of sexual abstinence at the time of collection: _____ hours
- Was any portion of the sample missed? YES NO
 If so, which part? FIRST MIDDLE LAST

To be completed and initialed by CAN-AM Staff

Date of Receipt: _____ Time of Receipt: _____ AM PM Initial: _____

I, Client Depositor named above, certify that the Human Reproductive Material submitted to CAN-AM Cryoservices for storage is exclusively derived from my own the body.

Dated this _____ day of _____, 20_____

Signature of Client Depositor

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OFFSITE COLLECTION AND DELIVERY

This section must also be completed if the HRM specimen is a semen specimen collected offsite by the Client Depositor and is delivered to CAN-AM Cryoservices in person by the Client Depositor or another person.

Please Note: This page does not apply to the shipment of the preServe Sperm Transport Kit delivered by an approved courier such as FedEx.

PERSON RESPONSIBLE FOR DELIVERY (Spouse, Common-law Partner, Family member, Friend)

Name (LAST, First, Initial) _____		Relationship to Client Depositor _____	
Street No & Name _____	City _____	Prov. _____	Postal Code _____
Telephone: Home: (_____) _____		Work: (_____) _____	

SPECIMEN INFORMATION

To be completed and initialed by CAN-AM Staff

Date of Receipt: _____ Time of Receipt: _____ AM PM Initial: _____

I certify that the Human Reproductive Material delivered by me to CAN-AM Cryoservices was presented to me by the Client Depositor named above without any alterations or changes.

Dated this _____ day of _____, 20____
Signature of Person Responsible for Delivery _____

CAN-AM Use Only

DELIVERY: PHOTO IDENTIFICATION CONFIRMED (no copy needed)

CAN-AM initials	ID	CAN-AM initials	ID
	Ontario Driver's License		OHIP
	Canadian Passport		IMM 5444
	Indian Status Card		Other