

CAN-AM Cryoservices Corp.

1057 Main St. W. Suite 102
Hamilton, ON. L8S 1B7
Ph: (905) 524-3342 Fax: (905) 524 -3936

Donor Sperm Order Form

Complete this form in its entirety to prevent delays in the shipment of the order to your physician or health care provider. **Fax to (905) 524-3936 or toll free at 1-877-772-6387.** If you have questions about this form please call **CAN-AM CRYO SERVICES CORP.** at (905) 524-3342 OR 1-888-245-3471.

PATIENT INFORMATION:

To be completed for all orders. To prevent delays in shipment of order, please complete fully.

Name: _____ Day Phone #: _____
Address: _____ Night Phone #: _____
City: _____ E-mail: _____
Province: _____ Postal code: _____

ORDER INFORMATION:

Order Date: ____/____/____ Date to arrive: ____/____/____
dd/ mm / yr (in physician's office) dd / mm / yr

Please list your choice of donor in order of preference. If your first choice is not available you will receive your second choice, and if not available you will receive your third choice.

DONOR #:

First choice _____ Number of doses _____ ICI (not washed) /IUI (prewash)
Second choice _____ Number of doses _____ ICI (not washed) /IUI (prewash)
Third choice _____ Number of doses _____ ICI (not washed) /IUI (prewash)
(ICI - intracervical IUI - intrauterine)

LAB USE ONLY: Order filled by: _____ Order checked by: _____

SHIPPING INFORMATION:

Physician or health care provider information & shipping address

Physician Name: _____ Clinic Name (if applicable): _____
Shipping Address: _____
City: _____ Province: _____ Postal Code: _____
Phone #: _____ Fax #: _____ (For confirmation of the order to your physician)

BILLING INFORMATION:

Payment must be received prior to shipment of samples.

Please call us with your billing information.