



COMPANY CONFIDENTIAL AND PROPRIETARY

DATE EFFECTIVE: 07/06/09	Canada Identity (ID) Option Birth Registration Form	FORM: ACQ.20ae REV: B
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Congratulations! We have recently received a report of your pregnancy. Since this pregnancy resulted from an Identity (ID) Options donor, as per the agreement originally signed at time of order, you **MUST** register the birth of your child with GIVF Cryobanks in order for him/her at age 18 or older to receive Identifying Information about the donor. **Merely using semen from the Identity (ID) Options donor does not allow access to the Identifying Information. To ensure that the Donor’s Identifying Information will be provided, you MUST complete the following information and return this registration form to GIVF Cryobanks upon the birth of your child or up until they reach the age of 18. If you choose not to register your child, the donor will remain anonymous and your child will not be able to access identifying information once s/he reaches 18 or older.** The information provided below is confidential and will only be used when/if your child requests Identifying Information regarding the donor. For Canadian clients, please return this completed form to CAN-AM Cryoservices Corp. at the address listed below.

Parent information:

Signature of Recipient

Signature of Recipient Partner (if applicable)

Printed Name (First / Surname)

Printed Name (First / Surname)

Address

Address (if different from recipient)

City, Province, Postal Code

City, Province, Postal Code

(_____) _____
Daytime Phone Number

(_____) _____
Daytime Phone Number

Physician who performed or oversaw the insemination or embryo transfer procedure:

Printed Name

Clinic name

Address

City, Province, Postal Code

(_____) _____
Phone Number



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Date of insemination or fresh embryo transfer that resulted in this pregnancy _____/_____/_____
mm / dd / yyyy

Were embryos created and frozen for a future attempt at pregnancy? Yes No

Was this pregnancy a result of transfer of previously frozen embryos? Yes No

If Yes, when were they created? _____/_____
mm / yyyy

Choose one; () Cryogenic Laboratories, Inc. () Fairfax Cryobank

Donor # _____, this _____ day of _____, 20_____.

Offspring Information:

Offspring 1

Offspring 2 (if applicable)

Name (First / Surname)

Name (First / Surname)

_____/_____/_____
Date of Birth mm / dd / yyyy

_____/_____/_____
Date of Birth mm / dd / yyyy

Sex: [] Male [] Female

Sex: [] Male [] Female

Social Insurance Number or copy of birth certificate

Social Insurance Number or copy of birth certificate

Return form to: CAN-AM Cryoservices
Attn: Identity (ID) Option Program
1057 Main St. W. Suite 102
Hamilton, Ontario, L8S 1B7

Office use only:
Date form received _____
Order/donor verified _____
Physician confirmed _____