

CAN-AM CRYOSERVICES SEMEN SPECIMEN COLLECTION AND DELIVERY DOCUMENTATION

Client Depositor

Last Name, First name

Date of Birth _____ / _____ / _____
YYYY MM DD

CAN-AM initials	ID	Document Number
	Driver's License	_____
	OHIP	_____
	Other	_____
Include copy of one piece of photo ID		

SPECIMEN INFORMATION

Specimen Collection: Onsite (CAN-AM) Offsite (PreServe Kit or collected at home)

Time of Collection: _____ AM / PM **Number of Days of abstinence:** _____

Any Portion of specimen missed? No Yes: Beginning Middle End

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

To be completed and initialed by CAN-AM Staff

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

OFFSITE COLLECTION: Complete only if specimen is delivered IN PERSON to CAN-AM

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

Name (LAST, First, Initial)

Relationship to Client Depositor

Telephone: Home: (_____) _____ Work: (_____) _____

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