NWCRYOBANK™

PREGNANCY, BIRTH OR LOSS REPORT for CAN-AM CRYOSERVICES

NWC strongly encourages all clients to report every pregnancy, birth, or loss. This information allows NWC to provide clients with any future important medical updates on their donor. All information is kept strictly confidential. We appreciate your time in completing this form. Document must be emailed to info@canamcryo.com

FOR CLIENT COMPLETION

Client Name: _____ DOB: _____
Phone number: _____ E-mail address: _____
Address: _____
Street City Province Postal Code

Donor number: _____ Date of procedure (MM/DD/YYYY): _____/_____/_____

☐ **Pregnancy** Expected delivery date (MM/DD/YYYY): _____/_____/_____
☐ singleton ☐ twins ☐ triplets

☐ **Loss** ☐ Miscarriage ☐ Elective termination ☐ other: _____

☐ **Birth** Date of birth (MM/DD/YYYY): _____/_____/_____ ☐ singleton ☐ twins ☐ triplets
☐ other: _____

Any medical problems to report with this pregnancy/loss/birth: ☐ No ☐ Yes, please describe:

_____

To discuss the medical issues reported, please contact one of our genetic counselors at 1.877.743.6384 or GC@generate.com.

FOR CAN-AM USE ONLY

Confirmed Donor number: _____ Date of shipment (MM/DD/YYYY): _____/_____/_____

CAN- AM Representative Signature: _____ Date: _____

FOR NW CRYOBANK USE ONLY

☐ Approve ☐ Deny

NWC Representative Signature: _____ Date: _____

Client: Document must be emailed to info@canamcryo.com
CAN-AM Cryo: Document must be emailed to NWC contact.

PLEASE KEEP A COPY FOR YOUR RECORDS