



Off-site Specimen Collection Record

3015 Williams Drive, Suite 110 Fairfax, VA 22031 800-338-8407
1305 W. 34th Street Suite 210 Austin, TX 78705 512-206-0408
3401 Market Street, Suite 205 Philadelphia, PA 19104 215-386-1977
1944 Lexington Avenue North, Roseville, MN 55113 800-489-2294

Email: info@fairfaxcryobank.com

This agreement is made and entered into by and between Fairfax Cryobank, Inc. (hereafter referred to as Cryobank), and the Depositor. It is required that the semen collected and delivered to Cryobank is exclusively from the Depositor.

Depositor Information

Name Account Number (To Be Completed By Staff)

Address

City State Zip Social Security Number

Telephone (Home) Email Address

Telephone (Work) Telephone (Cell)

Specimen Information

Number of hours since last ejaculate: Date of Collection Time of Collection

Was any part of sample missed during collection (Circle one): None First Middle Last

I certify that I produced the enclosed semen specimen and it contains only my semen. I prepared this specimen for delivery to Cryobank.

Semen Depositor Signature Date



Complete this section if a second party (partner, spouse, friend, or relative) delivers the specimen to Cryobank.

Name of Person Delivering Specimen _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone (Home) _____

Telephone (Work) _____ Telephone (Cell) _____

Fax Number _____ Email Address _____

I, _____, certify that I delivered the semen specimen as presented to me by the Depositor indicated above, without any alterations or changes.

Signature Date

Staff Use Only:

Verify person's identity that delivered the specimen.

Photo ID checked Yes No NA (Mail-in Specimens, Roseville only)

Date/time specimen received by lab: _____

Initials of staff receiving specimen: _____