Fairfax Cryobank

Off-Site Specimen Collection Record

1305 W. 34th Street Suite 210, Austin, TX 78705 512-206-0408
3015 Williams Drive, Suite 110, Fairfax, VA 22031 800-338-8407
1213 Hermann Drive, Suite 580, Houston, TX 78705 713-936-9600
7190 Southwest 87th Avenue #203, Miami, FL 33173 786-840-2888
65 North Madison Avenue, Suite 610, Pasadena, CA 91101 626-432-1681
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 _____

Email Address _____

Telephone (Cell) _____

Telephone (Work) _____

Specimen Information

Number of hours since last ejaculate: _____

Date of Collection_____

Time of Collection _____am/pm (circle one)

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

Client Depositor Name _____ Account # _____ (to be completed by staff)

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

Name of Person Delivering Specimen_____

Relationship to Depositor _____

Address_____

City_____ State_____ Zip_____

Email Address _____

Telephone (Cell) _____

Telephone (Work) _____

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: _____