

Canada – Pregnancy Pledge Verification Form

The completion of this form serves as verification of insemination and/or IVF procedures in 4 treatment cycles and negative pregnancy outcome for the purpose of receiving one free vial of donor semen per the **Free Vial Offer: Pregnancy Pledge program**.

Form must be completed and signed by a physician to qualify.

Physician Information:

| | | |
|--|----------|-----------------------|
| Physician Name – first name, last name | | |
| Medical License Number (obtain from your physician’s office) | | |
| Clinic Name | | |
| Address | | |
| City | Province | Postal Code |
| Contact Person | | Contact Email Address |
| Phone Number | | Fax Number |
| Physician Email Address | | |

Procedure Information:

| <i>Date of Procedure</i> | <i>Donor Number</i> |
|--------------------------|---------------------|
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Client Information: Client is the person who had the ART procedures performed

| | | |
|-------------------------------------|---|-------------|
| Client Name – first name, last name | | |
| Address | | |
| City | Province | Postal Code |
| Phone Number | Email Address | |
| Date Of Birth | (client must be 38 or less at the time of the first procedure date above) | |

Signature of Physician below indicates verification of the above entered information.

I certify that the client listed above has had at least 4 cycles with in-office ART procedures (IUI, ICI, or IVF) using donor semen from Fairfax Cryobank, Inc. distributors and has not had a positive clinical pregnancy as defined by a fetal heartbeat detected by ultrasound. The clients date of birth and procedure information listed above is accurate.

Physician Signature _____ Date _____

Please mail or Fax the completed form to the distributor where you purchased the samples.

CAN-AM Cryoservices
1605 Main St W, Unit 3
Hamilton, ON, L8S 1E6
Canada Fax:905-524-3969

ReproMed Ltd.
56 Aberfoyle Crescent
Toronto, Ontario M8X 2W4
Canada Fax: 416-233-9180

Cryobank Use Only:

[] Order information verified by _____ / _____
Initials date

[] Client contacted to notify of Free vial Offer: Pregnancy Pledge vial credit authorization. _____ / _____
Initials date