

The original of this document is in Japanese, and it is the Japanese document that is effective. Please fill in all necessary information on the original.  
As for the translation itself, it is for consideration, to assist you in your understanding. We cannot assume any responsibility for problems arising with reference to this translation.

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## Consent Form to Transfer Frozen Sperm to Oak Clinic

Clinic Director:

In regards to the following:

1. Possibility of damage and/or loss to sperm by transferring.
2. Sperm will be destroyed in the case of divorce under guidelines of the Japanese Society of Obstetrics and Gynecology.
3. Costs of transfer and cryopreservation.
4. Disposal is at the clinic's discretion when there is no application for time extension.
5. When a change in contact information is made, the clinic will be informed.

We have completely understood. Thereby we give our consent to have the transfer to Oak Clinic.  
Additionally, myself and my family trust the clinic's treatment policy and give our consent.  
We swear to the above mentioned and submit this consent form.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Initials ( \_\_\_\_ )

Husband's Name: \_\_\_\_\_ Initials ( \_\_\_\_ )

Oak Clinic, Sumiyoshi TEL 0120-009-345  
Oak Clinic, Umeda  
Oak Clinic, Ginza

Presenter ( \_\_\_\_ )