

ID: _____ 様 西暦 年 月 日

凍結卵子及び凍結胚、凍結精子保管延長申込書

医療法人オーク会

理事長 中村 嘉孝 殿

(住所) _____

(氏名) _____

凍結卵子及び凍結胚、凍結精子保管管理契約書に基づき、下記につき保管延長を委託致します。

記

* 延長を希望する凍結卵子・凍結胚・凍結精子と延長希望期間は、

「凍結卵子・胚・精子の凍結保管期限延長依頼書」に記載した通りと

する

以上

Here is an English translation for your consideration. The Japanese form must be filled out and signed. Thank you.

Please fill in the form on the left hand side
 Date: ___ year / month / day ___

ID: _____ Name: _____

Frozen Oocyte, Embryo and Sperm Storage Extension Application Form

Oak Clinic Group
Director Yoshitaka Nakamura

(Address) _____

Please fill in the form on the left hand side

(Name) _____

Based on the Storage Management Contract of Frozen Oocytes, Embryos, and Sperm, we entrust the storage extension to the following record.

Record

Please fill in the form on the left hand side

* As for the desired frozen oocytes, embryos, and/or sperm to be extended, and the desired to be extended, it will be exactly how it is described in the "Frozen Oocyte, Embryo, Sperm Cryopreservation Period Extension Request Form".
