

ID: _____ Name: _____

Date: _____ / _____ / _____

Frozen Oocyte, Embryo and Sperm Disposal Application Form

Oak Clinic Group

Director Yoshitaka Nakamura

(Address) _____

(Name) _____

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

Record

* As for the frozen oocytes, embryos, and/or sperm to be disposed of, and the date of

disposal, shall be the same as it is written in the "Frozen Oocyte, Embryo, and Sperm

Disposal Request Form".
