

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.

Frozen Oocyte Disposal Consent Form

Clinic Director:

Concerning the disposal of frozen oocytes, and the following points:

1. Handling of the oocytes to be disposed of is at the clinic's discretion.
2. Once this consent form has been received, it cannot be cancelled.

I have completely understood.

I thereby give my consent for disposal.

Additionally, myself and my family trust in the clinic's treatment policy and give our consent.

I swear to the above mentioned and submit this consent form.

Date: ____ / ____ / ____

Address: _____

Name: _____ Initials (____)

Oak Clinic, Sumiyoshi TEL 0120-009-345

Oak Clinic, Umeda

Oak Clinic, Ginza

Presenter (____)