

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.

Consent Form to Transfer Frozen Oocytes to Another Clinic

Clinic Director:

In regards to the following:

1. Possibility of damage and/or loss to oocytes by transferring.
2. Handling of the oocyte to be transferred is at the clinic's discretion.
3. Outstanding bills for cryopreservation will be calculated and settled.
4. Items related to the costs of transferring.

I have completely understood.

Thereby I give my consent to go through with the transfer.

Additionally, myself and my family trust 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 (_____)