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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 Another Clinic

Clinic Director:

In regards to the following:

1. Possibility of damage and/or loss to sperm by transferring.
2. Handling of the sperm 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.

We have completely understood.

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

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 (     ) )

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Oak Clinic, Umeda

Oak Clinic, Ginza

Presenter (     ) )