



## 顕微授精胚移植法についての同意書

医療法人オーク会  
理事長殿

この度私たち夫婦は、顕微授精胚移植法について担当者より必要性、治療内容、問題点について詳しく説明を受けました。以下の点、

1. 顕微授精（ICSI）とは
2. 適応
3. リスク
4. 成績
5. 料金
6. 管理権の移譲
7. その他

について十分理解し、納得しました。その上で顕微授精胚移植法を受けることに同意いたします。

なお、私たち夫婦のほか、親族一同、貴院の治療方針を信頼し、万一予測不可能な状況が生じた場合は貴院が必要と判断される緊急の手術や処置を行うことに同意いたします。上記の通り誓約し本書面を提出いたします。

西暦 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

住所 〒 \_\_\_\_\_

ID \_\_\_\_\_ 氏名(妻、被移譲者) \_\_\_\_\_ 印

氏名(夫、移譲者) \_\_\_\_\_ 印

オーク住吉産婦人科 TEL 0120-009-345  
オーク梅田レディースクリニック  
オーク銀座レディースクリニック

説明者 ( \_\_\_\_\_ )

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.

---

## Micro-Insemination Embryo Transfer Consent Form

Oak Clinic Group

Director:

We, as a couple, have received a very detailed explanation about the necessity, treatment contents, and issues in regards to ICSI-ET from a certified staff member.

The following points:

1. Intracytoplasmic sperm injection (ICSI) technique
2. Application
3. Risks
4. Results
5. Cost
6. Others

We have understood them completely. We therefore give our consent to undergo ICSI-ET. Additionally, not only ourselves, but members of our family, believe in the practices at your medical institution, and we hereby give our consent for the necessary treatments and surgeries judged necessary by the clinic should an emergency situation arise. We swear to the above conditions.

Date: year / month / day

Address: Zip code

ID: \_\_\_\_\_ Wife's Name: \_\_\_\_\_ Initials ( \_\_\_\_\_ )

Husband's Name: \_\_\_\_\_ Initials ( \_\_\_\_\_ )

Oak Clinic, Sumiyoshi TEL 0120-009-345

Oak Clinic, Umeda

Oak Clinic, Ginza

Presenter ( \_\_\_\_\_ )