

ID: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Application Form for Receiving a Transfer of Frozen Oocytes, Embryos and Sperm

Oak Clinic Group

Director Yoshitaka Nakamura

(Address) \_\_\_\_\_

\_\_\_\_\_

(Name) \_\_\_\_\_

In accordance with the details described in the Frozen Oocytes, Embryos, and Sperm Storage Management Contract, I entrust you with receiving the transfer.

#### Details

(Storage Management Item • Amount • Desired Period)

• Frozen oocytes	Units (1~3 oocytes/ 1 unit)	(    years    months)
• Frozen embryos	Units (1 embryo/ 1 unit)	(    years    months)
• Frozen sperm	Units (1 vial/ 1 unit)	(    years    months)

(Transfer receiving date: year / month / day )

\* Once the oocytes / embryos / sperm have arrived at Oak Clinic, Sumiyoshi on the transfer

receiving date, then this will be the date that the cryopreservation will begin.