

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.