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Consent Form to Transfer Frozen Embryos to Oak Clinic

Clinic Director:

In regards to the following:

1. Possibility of damage and/or loss to embryo cells by transferring.
2. Embryos will be destroyed in the case of divorce under guidelines of the Japanese Society of Obstetrics and Gynecology.
3. Handling of embryos denatured after thawing will be at the clinic’s discretion.
4. Costs of transfer and cryopreservation.
5. Disposal is at the clinic’s discretion when there is no application for time extension.
6. Thawing and transferring of frozen embryos are at separate costs.
7. When a change in contact information is made, the clinic will be informed.
8. Information of the cryopreservation of excess embryos will be analyzed or reported anonymously to the Japanese Society of Obstetrics and Gynecology.

We have completely understood. Thereby we give our consent to have the transfer to Oak Clinic.

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 (_____)

Oak Clinic, Sumiyoshi TEL 0120-009-345

Oak Clinic, Umeda

Oak Clinic, Ginza

Presenter (_____)