

Disposal Consent form for Cryopreserved Embryo/Oocyte

廃棄同意書 (胚 / 卵子)

Fertility Clinic Tokyo

Dr. Yasushi Odawara

Date Explained Y M D

We had explanation about the following matters and agreed.

- We agree to dispose of any of the following cryopreserved embryo or oocyte in your clinic.
- We agree that upon submission of this consent form (signed and fully completed), it becomes a disposal consent.

However, even if the signature is not complete, it will be discarded upon expiration of cryopreserved.

Cryopreservation date Y M D Portion No.() Top()

Expiration date Y M D

Cryopreservation date Y M D Portion No.() Top ()

Expiration date Y M D

Cryopreservation date Y M D Portion No.() Top ()

Expiration date Y M D

Date signed Y M D

ID No. _____

Address _____

Home Tel _____

Wife Name _____

Mobile _____

Signature (Handwritin) _____

E-mail _____

Husband Name _____

Mobile _____

Signature (Handwritin) _____

E-mail _____