

## Disposal Consent form for Cryopreserved Sperm

### 廃棄同意書（精子）

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 sperm 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.( )

Expiration date Y M D

Cryopreservation date Y M D Portion No.( )

Expiration date Y M D

Cryopreservation date Y M D Portion No.( )

Expiration date Y M D

Date signed Y M D

ID No. \_\_\_\_\_

Adress \_\_\_\_\_

Home Tel \_\_\_\_\_

Wife Name \_\_\_\_\_

Mobile \_\_\_\_\_

Signature (Handwritin ) \_\_\_\_\_

E-mail \_\_\_\_\_

Husband Name \_\_\_\_\_

Mobile \_\_\_\_\_

Signature (Handwritin ) \_\_\_\_\_

E-mail \_\_\_\_\_