

Continuous Updates

Consent form for Embryo Cryopreservation

Fertility Clinic Tokyo

Dr. Kei Odawara

Date of explanation

/ /

Embryologist

cryopreserved embryo record

frozen day

/ /

(No,

)

frozen day

/ /

(No,

)

frozen day

/ /

(No,

)

frozen day

/ /

(No,

)

Expiration of storage

/ /

Please check the box and fill in the following items

Consent Items

- ☐ We had an explanation about the methods and risks of cryopreservation.
- ☐ We agree that the couple must keep marital relationship and the age of wife must not exceed 50 years old when the patient is used for treatment.
- ☐ We agree to indemnify and hold your clinic harmless in the event of any unforeseen circumstances, such as natural disaster, fire, accident, etc., that interfere with storage at your clinic.
- ☐ We come to the clinic and renew the consent form within 3 months after the expiration date if we wish to renew it.
(The period of cryopreservation is one year starting from the date of freezing. If the renewal is covered by insurance, the renewal can be made from the day after the storage expiration date.)
- ☐ If we send this consent form by post, we agree to hold your clinic harmless from any liability in connection with the mailing.

Consent for discarding embryo

- ☐ We agree to dispose of the frozen embryos if there is no renewal procedure within 3 months of the retention period.
- ☐ We agree to dispose of the frozen embryos in case as follows.
- Elimination of marital relationship
 - Wife reaches 50 years old
 - Situations deemed difficult to treat
- ☐ Email notification is required before expiration. (Yes · No)

The e-mail is an auxiliary means, so please manage the expiration by yourself.

If you change your e-mail address, please change your registration by yourself.

- ☐ In the event of the death of any of the spouses, freezing will not be continued no medical treatment will be performed using the frozen embryos and embryo will not be used for any reproductive treatment.

We agree on the above and to provide treatment

The date signed / /

ID No, _____

Wife Name (self written) _____

Husband Name (self written) _____

Address _____

TEL _____

Personal information in this consent form will be strictly controlled by Fertility Clinic Tokyo and will not be leaked to the outside in any case. The consent form can be canceled any time before the start of treatment.