

## Application for disposal of sperm-cryopreservations

We would like to dispose of our all sperm-cryopreservations.

(Please choose for the following reasons.)

- We got divorced./ My partner passed away. / My partner is missing.
- I'm over the age of reproduction.
- My pregnancy might be harmful to my life.
- We would like to dispose of our sperm-cryopreservations.
- Other

Date : \_\_\_\_\_ /D \_\_\_\_\_ /M \_\_\_\_\_ /Y

Address : \_\_\_\_\_

Wife ID Number : \_\_\_\_\_ Wife Name : \_\_\_\_\_

Wife signature: \_\_\_\_\_ TEL: \_\_\_\_\_

Husband ID Number : \_\_\_\_\_ Husband Name : \_\_\_\_\_

Husband signature: \_\_\_\_\_ TEL: \_\_\_\_\_

If you need, please take a picture or copy of the consent form by yourself.

サマリ	FFM台帳	確認日	台帳
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