



Dear \_\_\_\_\_:

**Re: Freezing and Storage of \*Gametes/Embryos**

We are writing to inform you that your frozen \*gametes/embryos that were stored at the Union Reproductive Medicine Centre will be expired on \_\_\_\_\_ (dd/mm/yy).

If you wish to extend the storage of \*gametes/embryos, our Centre will charge a storage fee of HK\$\_\_\_\_\_. The new storage period is from \_\_\_\_\_ to \_\_\_\_\_ (dd/mm/yy).

Please fill in the “*Notice for Extension to Storage of \*Gametes/Embryos*” (the Notice) below and return it to us by mail or in person. If you wish to extend the storage, please send the Notice to us with a crossed cheque made payable to “Union Medical Centre Limited”.

**Please be advised: In the absence of a written Notice of extension and the corresponding fee for storage before the expiry date, our Centre may handle your \*gametes/embryos in accordance with the instructions in your “*Consent to Freezing and Storage of Gamete/Embryos*” dated \_\_\_\_\_(dd/mm/yy).**

For enquiries, please call:

- Union Reproductive Medicine Centre (Tel: 2608 3363)
- Union Hospital Reproductive Medicine Centre (Tsim Sha Tsui) (Tel: 2986 1133)

Yours sincerely,  
Union Reproductive Medicine Centre

**Notice for Extension to Storage of \*Gametes/Embryos**

I \_\_\_\_\_ do hereby authorise the Union Reproductive  
(Surname, Given Names) (HK ID No./Passport No.)

Medicine Centre to handle my \*gametes/embryos (Storage No.: \_\_\_\_\_) as follows.

- I have decided to extend the freezing and storage of
  - gametes for \_\_\_\_\_ year(s); storage fee HK\$ \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)
  - embryos for \_\_\_\_\_ year(s); storage fee HK\$ \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)
- I have decided to terminate the storage of \*gametes/embryos and attached a signed consent for disposal (See *Appendix*)
- I have decided to terminate the storage of \*gametes/embryos and donate the \*gametes/embryos for quality control and/or training. I understand that the donated \*gametes/embryos will not be used for any purpose other than quality control or training and they will be immediately disposed after use.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(in Block Letters)

Date: \_\_\_\_\_

\* Delete whichever is inapplicable  Put a ✓ in the appropriate box

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