malka ella

Rabbinic Consent Form – Fertility Preservation

This form must be completed for all Fertility Preservation applications and signed by Rabbi Gidon Fox before your application can be assessed.

Applicant Details

First Name _____

Surname _____

Date _____

Rabbi's Confirmation

I, Rabbi Gidon Fox, confirm that I have reviewed this application and met with the applicant named above.

Approved fertility procedure:

_____

I confirm that consent has been given for the above procedure to be performed in accordance with halachic requirements of the Malka Ella Fertility Fund in terms of conditions of use of the frozen oocytes as well as laboratory hashgacha.

Rabbi Gidon Fox Signature _____

Date _____

Comments (optional) _____