



**RABBI CONSENT FORM – OOCYTE FREEZING**

I, Rabbi Gidon Fox, have met and/or discussed with \_\_\_\_\_ (applicant's name) the oocyte freezing procedure being considered.

\_\_\_\_\_ has agreed to comply with the halachic requirements of the Malka Ella Fertility Fund in terms of conditions of use of the frozen oocytes as well as hashgocha in the laboratory.

Rabbi G Fox \_\_\_\_\_

Date \_\_\_\_\_

Please contact Rabbi Gidon Fox at [rabbifox@gmail.com](mailto:rabbifox@gmail.com) to discuss your case and get this form signed.