

1.1 CONSENT FOR FROZEN EGG DISPOSAL

This agreement is made between _____ (collectively, the “Patient”) and the Michigan Medicine (MM) Center for Reproductive Medicine (CRM).

Currently, the Patient has **total** _____ (number) cryopreserved egg(s) stored at the Michigan Medicine. The Patient now requests that **ALL** egg(s) be thawed and allowed to expire.

The Patient acknowledges and agrees that once the frozen egg(s) are removed from the controlled storage tank at the CRM, they will **NOT** remain viable and that they will be disposed of. The Patient assumes full responsibility for her/his decision to dispose of the frozen eggs.

The Patient, their children, heirs, representatives and assigns, (collectively, the “Indemnifying Parties”) agree to release individually and collectively the Michigan Medicine and their respective employees, directors, officers, agents, physicians and representatives (collectively, the “MM Parties”) from any claims any Indemnifying Parties may have against such MM Parties relating to the safekeeping or disposal of the eggs. Indemnifying Parties further agree to indemnify, defend and hold harmless each of and all of the MM Parties from any liabilities, costs, claims or actions of any sort (including, but not in any way limited to attorneys’ fees and fines) which might be brought, charged, or assessed against any or all of the MM Parties with regard to the maintenance or disposal of the eggs.

This consent must be signed in person in front of witness at the CRM or be witnessed by a Notary.

Patient _____ (Print Name) _____ (Date of Birth)

_____ (Signature) _____ (Date)

Legal Guardian _____ (Print Name) _____ (Date of Birth)
(If the Patient <18 at the time of signature)

_____ (Signature) _____ (Date)

CRM Witness Signature, Date & Time

For Notary 