



1.4 CONSENT FOR THE RELEASE AND TRANSFER OF CRYOPRESERVED EGGS FROM THE MICHIGAN MEDICINE

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 eggs stored at the MM. The Patient now requests to transfer ALL cryopreserved eggs from the MM to the following facility.

Name of Facility \_\_\_\_\_
Address \_\_\_\_\_
Contact Person & Phone \_\_\_\_\_

The Patient understands that it is her/his responsibility to arrange the mode of transportation and cover the cost of shipment. The Patient understands that there is an unforeseen risk of damage to or destruction of the eggs during transport. The Patient agrees that neither the MM nor any of its physicians or employees will be held liable for any destruction or damage to the eggs during transport. The Patient understands that the MM makes no guarantees or representations about the viability of the eggs in the event of transport to another institution. The Patient releases the MM and its physicians or employees from any responsibility for the use of the eggs after they have been transferred from the MM.

The Patient has had the opportunity to ask questions about this procedure and all questions have been answered.

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 ->