



1.5 CONSENT FOR THE TRANSFER OF CRYOPRESERVED EGGS TO THE MICHIGAN MEDICINE

This agreement is made between \_\_\_\_\_ (collectively, the "Patient") and the Michigan Medicine (MM) Center for Reproductive Medicine (CRM).

The Patient previously participated at another clinic in which human eggs were cryopreserved. The cryopreserved eggs are currently stored at the following facility.

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Contact Person & Phone \_\_\_\_\_

The Patient now requests to have \_\_\_\_\_ (number) cryopreserved eggs transferred to the MM.

The Patient understands that it is her/his responsibility to arrange the mode of transportation. 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. The Patient releases the MM and its physicians or employees from any responsibility toward the eggs as a result of the transfer to the MM.

The Patient understands and agrees that an annual storage fee (current \$2500) will be assessed if the unused frozen eggs are stored at the MM over 6 months from the date of their arrival. The fee may be adjusted yearly based on the actual cost for storage.

The Patient has had the opportunity to ask questions about this procedure and all of 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) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Date)

\_\_\_\_\_  
CRM Witness Signature, Date & Time

For Notary