

2.2 CONSENT FOR FROZEN EMBRYO DISPOSAL

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

Currently, the Patients have **total** _____ (number) cryopreserved embryo(s) stored at the Michigan Medicine. The Patients now request that the following frozen embryo(s) be thawed and allowed to expire. (Please **ONLY** check one and initial)

Initials _____ / _____ **ALL embryos.**

Initials _____ / _____ **Any disease-diagnosed and chromosome abnormal embryos.**

The Patients acknowledge and agree that once the frozen embryos are removed from the controlled storage tank at the CRM, they will **NOT** remain viable and that they will be disposed of. The Patients assume full responsibility for her/his decision to dispose of the frozen embryos.

The Patients, 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 “MM Parties”) from any claims any Indemnifying Parties may have against such MM Parties relating to the safekeeping or disposal of the Embryos. 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 embryos.

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)

Spouse (Partner) _____ (Print Name) _____ (Signature)
(If applicable)

_____ (Date of Birth) _____ (Date)

CRM Witness Signature, Date & Time

For Notary 