

2.4 CONSENT FOR FROZEN EMBRYO DONATION TO RESEARCH

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) frozen embryo(s) stored at the Michigan Medicine. The Patients now request that the following frozen embryo(s) be donated to the research. (Please **ONLY** check one and initial)

Initials ____ / ____ **ALL embryos.**

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

Donating embryos for research may not be possible or may be restricted by law. While efforts will be made to abide by your wishes, no guarantees can be given that embryos will be used for research. In these instances, if after **two** years no recipient or research project can be found, or your embryos are not eligible, your embryos may be destroyed and discarded by the lab in accordance with laboratory procedures and applicable laws or be utilized for internal quality control and training purpose before being destroyed and discarded.

The Patients acknowledge and agree that once the embryos are donated, the decision is final and cannot be revoked. The Patients assume the full responsibility for their decisions 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 the "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 