



2.8 CONSENT FOR THE RELEASE AND TRANSFER OF CRYOPRESERVED EMBRYOS FROM THE MICHIGAN MEDICINE

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

Currently, the Patient(s) have total \_\_\_\_\_ (number) cryopreserved embryos at the MM. The Patient(s) now request to transfer \_\_\_\_\_ (number) cryopreserved embryos to the following facility.

When applicable, specify the frozen embryo(s) here: \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

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

The Patient(s) understand that it is their responsibility to arrange the mode of transportation and cover the cost of shipment. The Patient(s) understand that there is an unforeseen risk of damage to or destruction of the embryos during transport. The Patients agree that neither the MM nor any of its physicians or employees will be held liable for any destruction or damage to the embryos during transport. The Patients understand that the MM makes no guarantees or representations about the viability of the embryos in the event of transport to another institution. The Patients release the MM and its physicians or employees from any responsibility for the use of the embryos after they have been transferred from the MM.

The Patients have 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)

Spouse (Partner) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

(If applicable)

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

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

For Notary