



LABORATORY OF ASSISTED REPRODUCTIVE TECHNOLOGIES

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2.9 CONSENT FOR THE TRANSFER OF CRYOPRESERVED EMBRYOS TO THE MICHIGAN MEDICINE

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

The Patient(s) previously participated at another clinic in which human embryo(s) were cryopreserved. The cryopreserved embryo(s) are currently stored at the following facility.

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

The Patient(s) now request to have \_\_\_\_\_ (number) cryopreserved embryo(s) transferred to the MM.

The Patient(s) understand that it is their responsibilities to arrange the mode of transportation. The Patient(s) understand that there is an unforeseen risk of damage to or destruction of the embryo(s) during transport. The Patient(s) 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 Patient(s) understand that the MM makes no guarantees or representations about the viability of the embryos. The Patient(s) release the MM and its physicians or employees from any responsibility toward the embryo(s) as a result of the transfer to the MM.

The Patient(s) understand and agree that an annual storage fee (current \$2500) will be assessed if the unused frozen embryos 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(s) 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 [arrow]