

3.2 AGREEMENT FOR FROZEN SPERM DISPOSAL

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

The Patient currently has **total** _____ (number) vials of **autologous** frozen sperm (semen, or epididymal /testicular sperm) stored at the MM.



The Patient currently has **total** ______ (number) vials of **donor** frozen sperm (semen, or epididymal /testicular sperm) stored at the MM.

The Patient reviews and agrees with all of information provided above. The Patient now requests that **ALL** cryopreserved sperm samples are thawed and allowed to expire.

The Patient acknowledges that once the frozen sperm samples are removed from the controlled storage tank at the CRM, they will NOT remain viable, and they will be discarded. The Patient assumes full responsibility for his/her decision to dispose of the sperm.

The Patient, 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 Party relating to the safekeeping or disposal of the sperm. 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 sperm.

Patient	(Print Name)	(Date of Birth)
	(Signature)	(Date)
Legal Guardian (If the Patient <18 at the time of signature)	(Print Name)	(Date of Birth)
	(Signature)	(Date)
CRM Witness Signature, Date & Time		
For Notary		