

**3.5 CONSENT FOR THE RELEASE AND TRANSFER OF  
CRYOPRESERVED SPERM FROM THE MICHIGAN MEDICINE**

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

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

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

The Patient now requests that \_\_\_\_\_ (number) vials of cryopreserved sperm samples are transferred from the MM to the following facility.

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

The Patient understands that it is his/her responsibility to arrange the mode of transportation and to cover the cost of shipment. The Patient understands that there can be unforeseen risks of damage or destruction of the sperm during transport. The Patient agrees that neither the MM nor any of its physicians or employees will be held liable for any destruction or damage to the sperm during transport. The Patient understands that the MM makes no guarantees or representations about the viability of the sperm. The Patient releases the MM and its employees or physicians from any responsibility toward the sperm as a result of the transfer from the MM. The Patient also agrees that the MM has no responsibility for the methods used for the sperm thawing, processing, and storage at the named facility.

The Patient has had the opportunity to ask questions about this procedure and all 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) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Legal Guardian \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date of Birth)

*(If the Patient <18 at the time of signature)*

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

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

For Notary 