



LABORATORY OF ASSISTED REPRODUCTIVE TECHNOLOGIES

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3.7 CONSENT FOR THE TRANSFER OF CRYOPRESERVED SPERM TO THE MICHIGAN MEDICINE

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

The Patient previously participated at another clinic in which human sperms were cryopreserved. The cryopreserved sperm are currently stored at the following facility.

Name of Institution _____

Address _____

Contact Person & Phone _____

The Patient now requests to have _____ (number) vials of cryopreserved sperm transferred to the MM.

The Patient understands that it is his/her responsibility to arrange the mode of transportation. 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 to the MM. The Patient also agrees that the MM has no responsibility for the methods used for the sperm processing, cryopreservation, and storage at the named facility.

The Patient understands and agrees that an annual storage fee (current \$2500) will be assessed if the unused frozen sperm 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 has 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) _____(Date of Birth)

_____(Signature) _____(Date)

CRM Witness Signature, Date & Time

For Notary