

**University of Michigan Health System**  
**Assisted Reproductive Technologies Program**

**Request for the Release and Transfer of Cryopreserved Embryos **From** the  
University of Michigan Health System**

We have been participants in the In Vitro Fertilization (IVF) Program offered by the University of Michigan Health System. We participated in a procedure in which human embryos were preserved by a method known as cryopreservation for later use in attempting to initiate a successful pregnancy.

The University of Michigan Health System is currently storing embryos for us. We now wish to have all of our unused cryopreserved embryos transferred from the University of Michigan Health System to a different medical facility.

Complete name, shipping address and phone number of receiving facility:

---

---

---

---

---

Contact Name and Phone Number

We understand that it is our responsibility to arrange the mode of transportation. We understand that there is an unforeseen risk of damage to or destruction of the embryos during transport. We agree that neither the University of Michigan Health System nor any of its physicians or employees will be held liable for any destruction or damage to the embryos during transport. We understand that the University of Michigan Health System makes no guarantees or representations about the viability of the embryos in the event of transport to another institution. We release the University of Michigan Health System and its employees or physicians from any further responsibility toward the embryos or from any responsibility for the use of the embryos after they have been transferred from the University of Michigan Health System.

We have had the opportunity to ask questions about this procedure and our questions have been answered.

\_\_\_\_\_  
Patient's name (print)

\_\_\_\_\_  
Partner's name (print)

\_\_\_\_\_  
UMHS registration number

\_\_\_\_\_  
UMHS registration number

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Partner's signature

\_\_\_\_\_  
Notary Public  
(or witness if done in person at the UMHS)

\_\_\_\_\_  
Date