Michigan Center for
Fertility and
Women's Health

Fertility Storage, Inc.

Storage and/or Disposition of Cryopreserved Embryos

Please initial one (1) selection below:

___ /___ I/we choose to have my/our cryopreserved embryo(s) stored at Fertility Storage, Inc. (FSI). Please call the Andrology Department at the Warren Facility at 586-576-0431 for further information. Embryo(s) stored at FSI will be subject to an annual storage fee of $700.

___ /___ I/we choose to donate my/our cryopreserved embryo(s) for embryo adoption to an embryo donation facility of my/our own (patient's) choice. Please list name of facility: _____

___ /___ I/we choose to have my/our cryopreserved embryo(s) thawed and disposed of according to Fertility Storage, Inc. policies and in a manner consistent with professional ethical standards and applicable laws.

___ /___ I/we choose to donate my/our cryopreserved embryo(s) to Michigan Center IVF, PLLC, for the purpose of laboratory personnel training.

This agreement is made on the _____ day of _____, 20_____.

Patient Name _____ DOB _____

Patient Signature _____ Date _____

Partner Name _____ DOB _____

Partner Signature _____ Date _____

MCFW or Fertility Storage Inc Signature _____ Date _____

OR

Notary _____ Date _____

WARREN
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Warren, MI 48092
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