

MEMPHIS FERTILITY LABORATORY, INC.

80 Humphreys Center, Suite 307
 Memphis, Tennessee 38120
 (901) 747-2229

REQUEST FOR EXTENSION OF STORAGE OF CRYOPRESERVED EMBRYO(S)

1. We _____, the undersigned are husband and wife and have previously consented to have embryo(s) cryopreserved and stored at Memphis Fertility Laboratory, Inc. (MFL).
2. We understand that the storage agreement will expire on _____, the anniversary date of cryopreservation, at which point all embryo(s) will be handled according to our previously designated instructions. I hereby request that storage for all cryopreserved embryo(s) be extended for an additional one year period to expire again on the anniversary date of cryopreservation.
3. We understand that we must re-elect one of the options below for designation of stored embryo(s) prior to extension of storage. If I do not execute another Request for Extension of Storage form prior to the expiration of the ensuing one year period or do not thaw and use all stored embryo(s) for fertility treatments before the one year storage period has expired, then we hereby authorize and direct that the action marked below be taken, and we hereby consent thereto (*initial next to your choice and cross out the other*):
 - _____ a) donate the embryo(s) for research. Any research performed shall be with the prior approval of an accredited Ethics Review Board and shall be conducted pursuant to applicable federal and state guidelines. Research on embryo(s) will not be continued beyond the 14th day of development and will not be transferred to attempt gestation. This disposition releases any or all rights we may have in the cryopreserved embryos and any cell lines, intellectual property, or royalties that may be derived from such work. If state or federal guidelines prohibit such research or if remaining embryos are unused, all embryos may be thawed and destroyed.
 - _____ b) thaw and destroy all stored embryo(s). This disposition directs MFL to dispose of all embryos in a manner consistent with any federal or state law two years from the date of cryopreservation.
4. We have been informed that the option of future donation of our embryos to another infertile husband and wife is possible. We acknowledge and agree that the prerequisite for donation of our embryos will be to execute this Request for Extension of Storage form. We understand that embryo donation will require a separate application and consent process as well as additional testing of Wife and Husband and that we must apply before our one-year extension of storage period has expired. Neither MFL nor FAM can guarantee that our stored embryo(s) will be accepted for donation.

Wife initial _____

Husband initial: _____

- 5. Before the one year storage period has expired, We may request an extension of embryo(s) storage for any remaining stored embryo(s). The extension will allow embryo storage for another year as well as any change in embryo designation. A completed Request for Extension Of Storage form must be signed by us and must be accompanied by the annual storage fee. The Request for Extension Of Storage form must be returned on or before the expiration of the current one year storage period. *We understand and acknowledge that it is our responsibility to monitor the storage period and we understand that this consent form will constitute the only notification that we will receive regarding expiration of storage.*
- 6. Our embryo(s) may be shipped to another laboratory with the necessary facilities for its continued storage, either by our own request or if MFL were to cease operations. We acknowledge that we will be responsible for all charges required to maintain embryo viability during shipment.
- 7. We understand that the long term safety or vability of cryopreserved embryo(s) is unknown. It has been strongly recommended to us that stored embryo(s) be thawed and used for fertility treatments within 5 years of cryopreservation.
- 8. We understand it is our responsibility that MFL be supplied with any change in mailing address. Our current mailing address is:

(street) _____

(city, state, zip) _____
- 9. We understand that the payment of the annual storage fee of \$350.00 must accompany this request for extension of storage.

Signature of Wife

Date

Signature of Husband

Date

Wife initial _____

Husband initial: _____