

MEMPHIS FERTILITY LABORATORY, INC.

80 Humphreys Center, Suite 307

Memphis, Tennessee 38120

(901) 747-2229

CONSENT TO CRYOPRESERVATION (FREEZING) AND STORAGE OF EMBRYO(S)

1. We (*name of Patient and Partner*), _____, the undersigned are life partners and have previously consented to participate in in vitro fertilization and embryo transfer (IVF/ET), or donor ovum IVF/ET, at Kutteh Ke Fertility Associates of Memphis, PLLC (FAM) and Memphis Fertility Laboratory, Inc. (MFL) and executed the attached consent form which is incorporated herein by reference.
2. Successfully fertilized eggs are referred to as embryo(s). As a result of IVF/ET, multiple eggs may be recovered and fertilized. We understand that due to concerns of multiple pregnancy, the number of fresh embryo(s) transferred during treatment is limited. Alternatively, there may be circumstances in which embryo transfer of any embryo(s) is either cancelled or not recommended.
3. We understand that by cryopreservation and storage of surplus embryo(s), we may have a future opportunity of pregnancy by thawing these embryo(s) and transferring into my (or my gestational carrier's) uterus.
4. The procedure whereby surplus embryo(s) are cryopreserved (frozen) and stored for possible future transfer and pregnancy has been fully explained to us including the risks, discomforts, benefits, and alternatives to such procedure. We hereby authorize and consent to the cryopreservation of the surplus embryo(s), if such is deemed appropriate by the Laboratory Director of MFL.
5. We understand and agree to cryopreservation of any surplus embryos from our IVF/ET or donor ovum IVF/ET procedure. Furthermore, we agree to an initial storage period of one (1) year from the date of cryopreservation. We understand that the long-term safety or viability of cryopreserved embryo(s) is unknown. It has been strongly recommended to us that stored embryo(s) be thawed and used within 5 years of cryopreservation.
6. We acknowledge and agree that in the event of loss, damage or destruction of the embryos for any reason whatsoever, our actual damages as a result thereof would be impracticable or extremely difficult to determine. Accordingly, we agree that in the event any or all of our stored embryos are lost, damaged or destroyed for any reason, including, without limitation, as a result of MFL's negligence, we shall be entitled to liquidated damages in the amount equal to the storage fee paid for the term of the storage agreement in which such loss, damage or destruction occurred.
7. We understand that this storage agreement is valid for one year only. If we still have stored embryo(s) remaining after the expiration of the one year storage period, they will be automatically transferred from MFL to ReproTech, Ltd. (RTL) in Mesquite, Texas for long term storage according to the agreement made between me and RTL (see attached ReproTech agreement and brochure).
 - a) I understand that I must complete all of RTL's forms and agreements prior to initiation of cryopreservation procedures.
 - b) I understand that MFL must receive a notification from RTL that I have made proper arrangements with RTL for cryo-storage.
 - c) In addition to MFL fees, I acknowledge that I will be responsible for all charges required to maintain embryo viability during shipment and all RTL fees for storage required at the new facility.
 - d) I agree that my medical records associated with the cryopreserved embryos will be released to RTL.

Patient/Partner Initials _____ / _____

8. We hereby release MFL, its' agents, servants, or employees from any injury or damage, known or unknown, that might result should the frozen embryo(s) cease to be viable while in the custody of MFL, its agents, servants, or employees.
9. If either of us should die or become mentally incompetent while any of our cryopreserved embryos are still stored at MFL, we hereby authorize and direct that the surviving or mentally competent spouse shall have authority to direct embryo usage or storage. If both of us die, one of the following dispositions concerning our embryos shall be carried out immediately upon notification by the executors or administrators of both our estates (*both Patient and Partner initial next to your choice and cross out the other*):
- _____ a) donate our embryo(s) to another infertile couple. We acknowledge and agree that the prerequisite for donation of our embryos will be to have our surplus, viable embryo(s) cryopreserved and to execute this Cryopreservation and Storage Agreement herein. Furthermore, in order to satisfy federal regulations safeguarding the safety of donated human tissue, we acknowledge that additional blood testing of Patient and Partner will likely be required at or sometime after the time of cryopreservation at our cost. Neither MFL nor FAM can guarantee that our stored embryo(s) will be accepted for donation. If our embryos are not selected by a recipient couple within four years of donation, they will be 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 one year from the date of cryopreservation.
10. If we are divorced or either of us files for divorce while any of our cryopreserved embryos are still stored at MFL, we hereby authorize and direct, jointly and individually, that one of the following actions be taken (*both Wife and Husband initial next to your choice and cross out the others*):
- _____ a) Upon receipt by MFL of the final divorce decree, the disposition chosen by us in Paragraph 9 above will be immediately carried out.
- _____ b) Upon receipt by MFL of the final divorce decree, authority to direct embryo usage or storage shall be assigned to: _____.
11. Our Physician, FAM or MFL has not made or represented any guaranty to us as to the results that we may expect from transfer of thawed surplus embryo(s) or from our participation in this program in general.
12. We understand that if pregnancy is successfully established, miscarriage, ectopic pregnancy, stillbirth and/or abnormalities (birth defects) may occur.
13. We fully understand that insurance coverage for any or all of the above procedures may not be available and that we will be personally responsible for the expenses of this treatment. The expenses may consist of hospital charges, laboratory charges, shipping charges and/or physician professional fees.
14. We consent to the photographing or televising of any laboratory procedure(s) to be performed for medical, scientific, or educational purposes, provided our identities are not revealed by the pictures or by descriptive text accompanying them.
15. The Centers for Disease Control (CDC) is a "public health authority" and is authorized by law (PL 102-493 (H R 4773)) to collect data on assisted reproductive technologies in the United States. In the interests of public health, we understand and acknowledge that both FAM and MFL are required, under the Fertility Clinic Success Rate and Certification Act of 1992, to submit information about our cryopreserved embryo(s) to the CDC. Furthermore, data collected by Society of Assisted Reproductive Technologies (SART) is used to generate statistics published annually in medical and scientific publications and for selected research projects. For such activities, our data are de-identified (stripped of information that could potentially lead to revealing the subject of the information).

We understand that all information about us obtained during the program will be handled confidentially and that neither our identities nor specific medical details will be revealed without our consent. Specific medical details may be revealed in professional publications as long as our identities are concealed.

Patient/Partner Initials _____ / _____

16. We each acknowledge that we have fully reviewed and comprehend the contents of this Consent Form. The nature of embryo cryopreservation has been explained to us, together with the known risks. We understand the explanation that has been given us and that there may be unknown risks. We have had the opportunity to ask any questions we might have and those questions have been answered to our satisfaction. We acknowledge that embryo cryopreservation is being performed at our request and with our consent. We each acknowledge and affirm that we have given our consent and entered into this agreement without coercion or compulsion and of our own free will.

We may jointly change the above designations by signing a new consent, while we are legally married and not subject to a complaint or decree of divorce, but not thereafter.

Signature of Patient

Signature of Partner

Print Patient's name

Print Partner's name

Date

Date

Patient/Partner Initials _____ / _____