

**Fertility Storage, Inc.**  
4700 13 Mile Road  
Warren, MI 48092  
586)619-9566 Ext 226 ~Fax 586)576-0924

**RESPONSE REGARDING STORAGE AND/OR DISPOSITION  
OF CRYOPRESERVED EMBRYOS**

Please indicate your choice by checking and initialing one alternative.

- \_\_\_ \_\_\_/\_\_\_    1. We choose to have our cryopreserved embryo(s) stored at the  
Fertility Storage, Inc.(FSI). *Please call 586- 619-9566 ext. 226 for further information.*
- \_\_\_ \_\_\_/\_\_\_    2. We choose to donate our embryo(s) for embryo adoption to an embryo donor facility of  
our own (patient's) choice. Please list name of facility: \_\_\_\_\_
- \_\_\_ \_\_\_/\_\_\_    3. We choose to have our cryopreserved embryo(s) thawed and disposed of according to the  
Fertility Storage, Inc. policies and in a manner consistent with professional ethical  
standards and applicable laws.
- \_\_\_ \_\_\_/\_\_\_    4. We choose to donate 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\_\_.

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Printed Female's Name	DOB: _____
Female's Signature	Date
Printed Male's Name	DOB: _____
Male's Signature	Date
Fertility Storage, Inc. Witness	Date

**OR**

Signature of Notary Public	Date
	(commission Expires)