

Embryo Cryopreservation of viable, high quality embryos (if any) not transferred:

I/We understand that to date, there are no known effects from long-term storage of cryopreserved (frozen) embryos. Although there are theoretical risks of congenital malformations, I/we understand that the best available research suggests that the rate of birth defects in children born following the cryopreservation of embryos is the same as the rate observed in an age-matched group of pregnant women who conceived without assisted reproduction:

CHOOSE ONE ANSWER PLEASE:

1. _____ Patient initials _____ Partner initials I/We AGREE to embryo cryopreservation
(if applicable)

OR

2. _____ Patient initials _____ Partner initials I/We DO NOT AGREE to embryo cryopreservation
(if applicable)

Disposition of Cryopreserved Embryos:

Any disposition of embryos requires the written authorization of both partners. If your embryos were formed using eggs/sperm from a third party donor, your instructions to donate these embryos must be in accordance with prior agreements with the egg/sperm donor or applicable law. Your instructions to donate the embryos may require separate consent from the egg/sperm donor.

I/We understand and agree that in the event of death or incapacitation of one partner, the embryo(s) will become the sole and exclusive property of the surviving partner, unless otherwise directed by law, a court order or as designated in my/our will. If the surviving partner, friends or family members wish to conceive with these embryos after your death, a legal document indicating this intent will be required.

I/We understand that the cryopreserved embryos will incur a charge according to the Fees for Embryo Cryopreservation and Storage policy of Boston IVF. Cryopreserved embryos will be maintained until specific directives and authorization for those directives are provided by me/us. Options for disposition are discussed in the Consent for Treatment Guideline and consent forms are required at the time of disposition. Boston IVF reserves the right at its sole discretion to make decisions regarding the final disposition of cryopreserved embryos if fee obligations are not met. In the event of divorce or dissolution of the relationship between patient and partner, embryos cannot be used, donated or discarded without the expressed, written consent of both parties or as directed by a court order, even if donor eggs/sperm were used.

Notarization Form (This form is only needed if not able to have witnessed at Boston IVF)

Patient Name (print) **Patient Signature** / /
Today's Date (MM/DD/YYYY)

State of: _____ County of: _____

On this _____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: _____ Expiration Date: / /
(MM/DD/YYYY)

 / /
Today's Date (MM/DD/YYYY)

Notary Signature

Title
My appointment expires: / /
(MM/DD/YYYY)

Partner Name (if applicable, print) **Partner Signature** / /
Today's Date (MM/DD/YYYY)

State of: _____ County of: _____

On this _____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: _____ Expiration Date: / /
(MM/DD/YYYY)

 / /
Today's Date (MM/DD/YYYY)

Notary Signature

Title
My appointment expires: / / (MM/DD/YYYY)