

## CONSENT TO DISCARD FROZEN EGGS

I request that some or all of my frozen eggs no longer be stored at Boston IVF. I request that the vials of frozen eggs be thawed in the laboratory and be discarded.

**Choose one of the two options below regarding the number of vials of eggs to be discarded:**

A. I desire that **ALL** vials of my frozen eggs stored at Boston IVF be discarded. \_\_\_\_\_  
Patient's Initials

B. I desire that **ONLY** eggs frozen on **the following dates** be discarded:

**List dates of freeze (month/day/year)** \_\_\_\_\_  
Patient's Initials

I release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding the eggs after it is thawed. I have had an opportunity to discuss this decision with the Boston IVF staff and understand the implications of this decision. I have been given the opportunity to ask questions which have been answered to my satisfaction in language that I understand by the staff of Boston IVF and I have considered alternative options.

**It is required that you have this document witnessed at Boston IVF, if unable because of distance the default is to have this document officially notarized.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BIVF Witness

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed Name of BIVF Witness

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
ID Type/ID Number/ Exp Date

\_\_\_\_\_  
Street Address / Apt #

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(State)

On this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, 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.

\_\_\_\_\_  
Notary Public

