CONSENT TO DISCARD
FROZEN EMBRYOS

I/We request that some or all of our cryopreserved (frozen) embryos no longer be stored at Boston IVF. I/We request that the embryos be thawed in the laboratory in a manner that will render them non-viable.

If you are currently expecting, Boston IVF recommends that you **not** discard your frozen embryos until after the birth of your baby. If you have any questions, please contact your physician.

**Our instructions are as follows:**

**I. Choose one of the two options below regarding the number of embryos to be discarded:**

a. I/We desire that **ALL** of my/our embryos stored at Boston IVF be discarded.

   Patient’s Initials                      Partner’s Initials (if applicable)

b. I/We desire that **ONLY** embryos frozen on **the following dates** be discarded:

   List dates of freeze (month/day/year) ________________________________

   Patient’s Initials                      Partner’s Initials (if applicable)

**II. Choose one of the three options below regarding the handling of the embryos after they are thawed**

a. I/We desire that Boston IVF discards the embryos according to their protocol.

   Patient’s Initials                      Partner’s Initials (if applicable)

b. I/We donate my/our embryos for laboratory training and/or for research purposes aimed at improving IVF treatment outcome. If discarded embryos are studied as part of a research project it would only be done in compliance with Institutional Review Board (IRB) policy. All materials used for research purposes would be de-identified. No materials would be used to establish a pregnancy.

   Patient’s Initials                      Partner’s Initials (if applicable)

c. I/We wish to take the embryos with us for disposal as we see fit.

   Patient’s Initials                      Partner’s Initials (if applicable)
By signing this document, I/we acknowledge that our Boston IVF physician and caregivers have obtained from me/us informed consent to proceed with discarding of embryos. I/We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding these embryos after they are discarded.

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.

Witness of Consent Form (if this form is completed no need to complete notarization form)

<table>
<thead>
<tr>
<th>Patient Name (print)</th>
<th>Patient Signature</th>
<th>Today’s Date (MM/DD/YYYY)</th>
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Date of Birth (MM/DD/YYYY)

PATIENT- TYPE OF PICTURE IDENTIFICATION: ☐ Driver’s License ☐ Passport ☐ Other: _____

ID NUMBER: _________________ State/Country: _______________ Expiration Date: ___/___/____

Date (MM/DD/YYYY)

Witness Name and Title (print) Witness Signature Today’s Date (MM/DD/YYYY)

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

Date of Birth (MM/DD/YYYY)

PARTNER - TYPE OF PICTURE IDENTIFICATION: ☐ Driver’s License ☐ Passport ☐ Other: _____

ID NUMBER: _________________ State/Country: _______________ Expiration Date: ___/___/____

Date (MM/DD/YYYY)

Witness Name and Title (print) Witness Signature Today’s Date (MM/DD/YYYY)
Notarization Form (This form is only needed if not able to have witnessed at Boston IVF)

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<th>Patient Name (print)</th>
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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: _______/_____/______

_________/_____/______
Today’s Date (MM/DD/YYYY)

__________________________________________________
Notary Signature

__________________________
Title

My appointment expires: _______/_____/______

__________________________

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ID NUMBER: ___________________________ Expiration Date: _______/_____/______

_________/_____/______
Today’s Date (MM/DD/YYYY)

__________________________________________________
Notary Signature

__________________________
Title

My appointment expires: _______/_____/______

__________________________