BOSTON IVF

Patient Name_____

Date of Birth _____

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)

BOSTON IVF

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)

_____ _____ _____/_____/_____

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

_____/_____/_____

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)

BOSTON IVF

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

_____ _____ ____/____/____

Patient Name (print) **Patient Signature** **Date of Birth** (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** **Date of Birth** (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)