

Patient Name _____

Date of Birth _____

CONSENT TO DISCARD FROZEN SPERM

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

Note: Homologous sample only require the initials/signatures of the person who produced the sample. Donor samples require the partner signature, if applicable.

I. Choose one of the two options below (one sample type per consent):

A. Homologous Sample (Procured from own body) _____

Patient's Initials

B. Donor Sample (Donated or Purchased) _____

Patient's Initials

Partner's Initials (if applicable)

Please list the sperm donor identification code for the vials you wish to discard:

II. Choose one of the two options below regarding the number of vials of sperm to be discarded:

A. I/We desire that **ALL** vials of frozen sperm stored at Boston IVF be discarded.

Patient's Initials

Partner's Initials (if applicable)

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

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

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 frozen sperm. I/We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding sperm 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)

