

CONSENT TO DISCARD FROZEN EMBRYOS

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

If you are currently pregnant, we recommend that you **not** discard your frozen embryos until after you have given birth to 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. We desire that **ALL** of our embryos stored at Boston IVF be discarded.

Patient's Initials

Partner's Initials

- b. 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

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

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

Patient's Initials

Partner's Initials

- b. We donate 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

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

Patient's Initials

Partner's Initials



We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding these embryos after they are thawed. We have had an opportunity to discuss this decision with the Boston IVF staff and understand the implications of this decision. We have been given the opportunity to ask questions which have been answered to our satisfaction in language that we understand by the staff of Boston IVF and we have considered alternative options.

Signature of Patient

Signature of Partner

Printed Name

Printed Name

Date of Birth

Date of Birth

Today's Date

Today's Date

Signature of BIVF Witness

Signature of BIVF Witness

Printed Name of BIVF Witness

Printed Name of BIVF Witness

ID Type

ID Type

ID Number and Exp Date

ID Number and Exp Date

_____(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 personal whose name is signed on the proceeding or attached document in my presence.

_____(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 personal whose name is signed on the proceeding or attached document in my presence.