

CONSENT TO THAW FROZEN DONOR SPERM

We hereby give our permission to Boston IVF to thaw donor sperm samples to be used to achieve a pregnancy either by intrauterine inseminations (IUI) or in vitro fertilization (IVF) treatment.

This consent must be signed/witnessed and is valid for inseminations 120 days from the date below.

We have been given the opportunity to ask questions, which have been answered to our satisfaction our Boston IVF physician and caregivers.

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.

Signature of Patient

Signature of Partner

Printed name

Printed name

Date of Birth

Date of Birth

Date

Date

Signature of BIVF Witness or Notary

Signature of BIVF Witness or Notary

Printed Name of Witness or Notary

Printed Name of Witness or Notary

ID Type/Number/Exp Date

ID Type/Number/Exp Date

(State)

(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.

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

Notary Public

