



CONSENT TO DISCARD FROZEN DONOR SPERM

We request that our vials of frozen donor sperm be thawed in the laboratory and be discarded.
Please list the sperm donor identification # _____ for the vials you wish to discard.

Choose one of the two options below regarding the donor sperm to be discarded:

1. We desire that **ALL** frozen sperm samples stored at Boston IVF be discarded. _____
Patient's Initials Partner's Initials

2. We desire that **ONLY** frozen sperm samples transported to BIVF on **the following dates** be discarded:

List dates of (month/day/year) _____
Patient's Initials Partner's Initials

We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities. 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.

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

Print Name

Date of Birth

Address

City/State/Zip

Phone

Email

Signature of BIVF Witness

Printed Name of BIVF Witness

ID Verification (Type/#/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.

Notary Public

Signature of Partner

Print Name

Date of Birth

Address

City/State/Zip

Phone

Email

Signature of BIVF Witness

Printed Name of BIVF Witness

ID Verification (Type/#/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.

Notary Public

