

## CONSENT TO THAW FROZEN EGGS

I hereby give my permission to Boston IVF to thaw my frozen eggs which will then be fertilized and transferred into my uterus to establish a pregnancy.

I have been given the opportunity to ask questions, which have been answered to my satisfaction by Boston IVF.

**This consent must be signed/witnessed and is valid for embryo transfer(s) 120 days from the date below. 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)**

<hr/> <b>Patient Name (print)</b> (MM/DD/YYYY) ____/____/____ <b>Date of Birth (MM/DD/YYYY)</b>	<hr/> <b>Patient Signature</b>	<hr/> ____/____/____ <b>Today's Date</b>
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**PATIENT- TYPE OF PICTURE IDENTIFICATION:**  Driver's License     Passport     Other: \_

ID NUMBER: \_\_\_\_\_ State/Country: \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

<hr/> <b>Witness Name and Title (print)</b>	<hr/> <b>Witness Signature</b>	<hr/> ____/____/____ <b>Today's Date (MM/DD/YYYY)</b>
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<hr/> <b>Partner Name (if applicable, print)</b>	<hr/> <b>Partner Signature</b>	<hr/> ____/____/____ <b>Today's Date (MM/DD/YYYY)</b>
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\_\_\_\_/\_\_\_\_/\_\_\_\_  
**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)

<hr/> <b>Witness Name and Title (print)</b>	<hr/> <b>Witness Signature</b>	<hr/> ____/____/____ <b>Today's Date (MM/DD/YYYY)</b>
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### **Physician Attestation**

The above mentioned patient and partner (if applicable) have been informed and counseled by me and other team members regarding the risks and benefits of the relevant treatment options, including non-treatment. The patient and partner (if applicable) expressed understanding of the information presented during the discussion.

<hr/> <b>Physician Name (print)</b>	<hr/> <b>Physician signature</b>
<hr/> ____/____/____ <b>Today's Date (MM/DD/YYYY)</b>	

