CONSENT TO DISCARD FROZEN EMBRYOS

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

If you are currently expecting, Boston IVF recommends that you not discard your frozen embryos until after the birth of 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. I/We desire that **ALL** of my/our embryos stored at Boston IVF be discarded.

      Patient’s Initials  Partner’s Initials (if applicable)

   b. I/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 (if applicable)

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

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

      Patient’s Initials  Partner’s Initials (if applicable)

   b. I/We donate my/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 (if applicable)

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

      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 treatment using donor sperm. I/We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding these embryos 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)

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<thead>
<tr>
<th>Patient Name (print)</th>
<th>Patient Signature</th>
<th>Today’s Date (MM/DD/YYYY)</th>
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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) |
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Partner Name (if applicable, print) | Partner Signature | Today’s Date (MM/DD/YYYY) |
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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)

Witness Name and Title (print) | Witness Signature | Today’s Date (MM/DD/YYYY) |
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# Notarization Form

(This form is only needed if not able to have witnessed at Boston IVF)

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<th>Patient Name (print)</th>
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State of: _______  County of: _________

On this _______ day of ____________________ 20____, 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.

ID NUMBER: ____________________  Expiration Date: _______/_____/_______

_____/_____/_______

Today’s Date (MM/DD/YYYY)

__________________________

Notary Signature

__________________________

Title

My appointment expires: _______/_____/_______

_____/_____/_______

Today’s Date (MM/DD/YYYY)


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<tr>
<th>Partner Name (if applicable, print)</th>
<th>Partner Signature</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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State of: _______  County of: _________

On this _______ day of ____________________ 20____, 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.

ID NUMBER: ____________________  Expiration Date: _______/_____/_______

_____/_____/_______

Today’s Date (MM/DD/YYYY)

__________________________

Notary Signature

__________________________

Title

My appointment expires: _______/_____/_______

_____/_____/_______

Today’s Date (MM/DD/YYYY)