CONSENT TO DISCARD
FROZEN SPERM

I/We request that some or all of my/our frozen sperm samples no longer be stored at Boston IVF. I/We request that the vials of frozen sperm be thawed in the laboratory and be discarded.

Note: Homologous sample only require the initials/signatures of the person who produced the sample. Donor samples require the partner signature, if applicable.

I. Choose one of the two options below (one sample type per consent):

A. Homologous Sample (Procured from own body)

Patient’s Initials

B. Donor Sample (Donated or Purchased)

Patient’s Initials

Partner’s Initials (if applicable)

Please list the sperm donor identification code for the vials you wish to discard:

________________

________________

________________

II. Choose one of the two options below regarding the number of vials of sperm to be discarded:

A. I/We desire that ALL vials of frozen sperm stored at Boston IVF be discarded.

Patient’s Initials

Partner’s Initials (if applicable)

B. I/We desire that ONLY sperm frozen on the following dates be discarded:

List dates of freeze (month/day/year) __________________________

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 sperm 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)**

<table>
<thead>
<tr>
<th>Patient Name (print)</th>
<th>Patient Signature</th>
<th>Today’s Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
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</table>

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)

<table>
<thead>
<tr>
<th>Witness Name and Title (print)</th>
<th>Witness Signature</th>
<th>Today’s Date (MM/DD/YYYY)</th>
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**PARTNER - TYPE OF PICTURE IDENTIFICATION:** □ Driver’s License □ Passport □ Other: ___

ID NUMBER: ____________ State/Country: _______ Expiration Date: ___ / ___ / ______

Date (MM/DD/YYYY)

<table>
<thead>
<tr>
<th>Witness Name and Title (print)</th>
<th>Witness Signature</th>
<th>Today’s Date (MM/DD/YYYY)</th>
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# Notarization Form
(This form is only needed if not able to have witnessed at Boston IVF)

<table>
<thead>
<tr>
<th>Patient Name (print)</th>
<th>Patient 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: ______/_____/______ (MM/DD/YYYY)

____/_____/______  Today’s Date (MM/DD/YYYY)

Notary Signature

________________________
Title

My appointment expires: ______/_____/______ (MM/DD/YYYY)

<table>
<thead>
<tr>
<th>Partner Name (if applicable, print)</th>
<th>Partner Signature</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
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<tbody>
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</tbody>
</table>

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: ______/_____/______ (MM/DD/YYYY)

____/_____/______  Today’s Date (MM/DD/YYYY)

Notary Signature

________________________
Title

My appointment expires: ______/_____/______ (MM/DD/YYYY)