CONSENT TO DISCARD
FROZEN EGGS

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

Note: Autologous eggs only require the initials/signature of the person whom the eggs were removed.
    Donor samples require the partner signature, if applicable.

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

   A. Autologous eggs (Produced in own body)                  Patient’s Initials

   B. Donor Sample (Donated or Purchased)                     Patient’s Initials    Partner’s Initials (if applicable)

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

       ____________________________________________________________
       ____________________________________________________________

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

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

       ____________________________________________________________
       ____________________________________________________________

   B. I/We desire that ONLY eggs frozen on the following dates be discarded (List):

       ____________________________________________________________ (MM/DD/YYYY)

       ____________________________________________________________
       ____________________________________________________________

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 eggs 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)

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<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 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)

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BOSTON IVF

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

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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)

____ / _____ / _______(MM/DD/YYYY)

Today’s Date (MM/DD/YYYY)

Notary Signature

______________________________

Title

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

______________________________

Partner Name (if applicable, print) | Partner Signature | Date of Birth (MM/DD/YYYY) |
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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)

____ / _____ / _______(MM/DD/YYYY)

Today’s Date (MM/DD/YYYY)

Notary Signature

______________________________

Title

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