CONSENT FORM FOR
STORAGE OF CRYOPRESERVED EMBRYOS

This consent form is signed when a couple has made the decision to store cryopreserved (frozen) embryos at Boston IVF. The purpose of continued storage of cryopreserved embryos is to save the embryos for a future attempt to establish a pregnancy.

Potential Risks
At the time of thawing, it is possible that none of the embryos will survive and therefore no embryos will be available for transfer into the uterus. Studies of pregnancies resulting from the transfer of frozen human embryos have failed to demonstrate either an increased risk of complications during the pregnancy or birth defects in the offspring. However, the possibility of presently unforeseen risks cannot be completely eliminated. Also, the maximum length of time the embryos can be safely stored is unknown.

With any technique requiring mechanical support systems, including the storage of cryopreserved human embryos, equipment failure and technical problems may occur. Boston IVF, its directors and employees shall not be held liable for any damage, loss or problems due to improper maintenance, storage, withdrawal, thawing and/or delivery caused by human error, malfunction of the storage tank, failure of utilities, strike by workers, cessation of services or other labor disturbances, any war, acts of public enemy or other disturbances such as fire, wind, earthquake, flooding or other acts of God. Boston IVF provides no insurance coverage, compensation plan or free medical care to compensate a couple if their embryos are harmed in any way by the cryopreservation process.

Financial Responsibility
In signing this agreement we understand that Boston IVF will store our frozen embryos for a period of 90 days. After ninety days, a storage fee will be billed. We are fully aware that there will be a yearly storage fee that will be billed to us on an annual basis. The storage fee will be our financial responsibility. We understand that the annual fee amount may be increased.

If there is failure to make payments for two years of embryo storage, after reasonable notification of such non-payment mailed to our last known address as provided to Boston IVF by us, we understand that Boston IVF reserves the right to thaw and discard the embryos without further notice to us.

If Boston IVF ceases to exist, we will be sent written notice by U.S. mail so that we can make arrangements to have our embryos discarded or transferred to another center for continued storage. If upon receipt of such notice, we fail to make appropriate, timely arrangements for the discarding or transfer of our embryos (i.e., within six months of receipt of such notice), we understand that Boston IVF reserves the right to remove the embryos from storage and discard them and may do so without further notification.

DISPOSITION OF FROZEN EMBRYOS
We understand and agree that the frozen embryos are subject to our joint disposition and all decisions about their disposition must be joint decisions except where such disposition may be affected by applicable laws or by any court with jurisdiction over them. We can together and by mutual agreement change any of these decisions at any time by contacting Boston IVF and signing a new consent form, specifying our decisions. We further understand that certain uses or disposition of embryos may also require approval by Boston IVF. Boston IVF is not obligated to proceed with any attempted uterine replacement of any embryos in the event that Boston IVF considers that the risks associated with so doing may outweigh the potential benefits. Boston IVF also retains the right to terminate our participation in the program for other reasons that they consider appropriate. In any circumstances of termination of care where embryos, which have been cryopreserved, remain in storage, we will be contacted and all reasonable efforts will be made to arrange for disposition of such embryos (including transfer to another facility of our choice) in accordance with our desires at such
time. In addition to the following contingencies below we understand that, if both of us die, the embryos will be thawed and discarded.

In the event of DEATH of the FEMALE PARTNER, we wish the embryos to be:

<table>
<thead>
<tr>
<th>Male Partner’s Initials</th>
<th>Female Partner’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Owned and/or controlled by the male partner if he is able and willing to assume such ownership and/or control; otherwise the embryos will be thawed and discarded.</td>
</tr>
<tr>
<td></td>
<td>B. Thawed and discarded.</td>
</tr>
</tbody>
</table>

In the event of DEATH of the MALE PARTNER, we wish the embryos to be:

<table>
<thead>
<tr>
<th>Male Partner’s Initials</th>
<th>Female Partner’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Owned and/or controlled by the female partner if she is able and willing to assume such ownership and/or control; otherwise the embryos will be thawed and discarded.</td>
</tr>
<tr>
<td></td>
<td>B. Thawed and discarded.</td>
</tr>
</tbody>
</table>

In the event of divorce, or legal separation, as evidenced by our jointly informing Boston IVF or by either of us providing Boston IVF with a court order or court approved agreement of such divorce or legal separation, we wish the embryos to be:

<table>
<thead>
<tr>
<th>Male Partner’s Initials</th>
<th>Female Partner’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Thawed and discarded.</td>
</tr>
<tr>
<td></td>
<td>B. Donated to Boston IVF for research purposes if feasible, or discarded.</td>
</tr>
</tbody>
</table>

If there is failure to make payments for two years of embryo storage, after reasonable notification of such non-payment mailed to our last known address as provided to Boston IVF by us, we understand that Boston IVF reserves the right to thaw and discard the embryos without further notice to us.
ACKNOWLEDGEMENT OF INFORMED CONSENT AND AUTHORIZATION

We agree to have Boston IVF provide continued storage of our frozen embryos. **We acknowledge that we have read all pages of this consent form and all of our questions have been fully answered to our satisfaction.**

We understand that the contact information that we have provided below is the sole information that will be used to locate us if we lose contact with Boston IVF. We understand that it is our responsibility to notify Boston IVF in writing of any changes in our address, telephone number, marital status or death of either of us.

We may withdraw our consent and discontinue storage of our embryos at any time. If we make this decision then we will provide proper notification to Boston IVF in writing.

We are also aware that we will be solely responsible for the costs incurred for thawing and/or transfer of the embryos if our insurance does not provide coverage for such costs.

We acknowledge that it is our responsibility to notify Boston IVF in writing if we become aware of any information that Boston IVF should have in order to discharge its obligations under this agreement.

**We have read this document, understand the purpose, risks and benefits of this procedure, and we have been given the opportunity to ask questions, which have been answered to our satisfaction by the staff of Boston IVF.**

_____________________________  ______________________________
Signature of Female Partner    Signature of Male Partner

_____________________________  ______________________________
Printed Name                  Printed Name

_____________________________  ______________________________
Date of Birth                 Date of Birth

_____________________________  ______________________________
Street Address/ APT #          Street Address/ APT # (if different)

_____________________________  ______________________________
City, State, Zip Code          City, State, Zip Code (if different)

_____________________________  ______________________________
Home Telephone Number          Home Telephone Number (if different)

_____________________________  ______________________________
e-mail address                e-mail address

_____________________________  ______________________________
Date                         Date