CONSENT TO THAW
FROZEN SPERM

INSTRUCTIONS:

This consent form gives Boston IVF approval to thaw frozen sperm to be used for either intrauterine insemination or IVF treatment.

- It must be signed/witnessed no more than 120 days before the treatment begins.
- Treatment cannot be started until all consents are signed.
- Do not make any additions or deletions to the consent.

I/we hereby give my/our permission to Boston IVF to thaw my/our frozen sperm to be used as the sperm source for the infertility treatment that I/we are undergoing to establish a pregnancy.

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

Choose ONE option below:

1. Own Sperm Sample

   __________
   Patient’s initials who produced the sperm

   OR

2. Donor Sperm Sample (directly donated or purchased from a donor sperm data base)

   __________    __________
   Patient’s initials    Partner’s initials (if applicable)
### 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MM/DD/YYYY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth** (MM/DD/YYYY)

**PATIENT** - **TYPE OF PICTURE IDENTIFICATION:**
- ☐ Driver’s License
- ☐ Passport
- ☐ Other: ________________

<table>
<thead>
<tr>
<th>ID NUMBER: __________________</th>
<th>State/Country: __________________</th>
<th>Expiration Date</th>
<th>Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Witness Name and Title (print)**

<table>
<thead>
<tr>
<th>Witness Signature</th>
<th>Today's Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Partner Name (if applicable, print)**

<table>
<thead>
<tr>
<th>Partner Signature</th>
<th>Today's Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Date of Birth** (MM/DD/YYYY)

**PARTNER** - **TYPE OF PICTURE IDENTIFICATION:**
- ☐ Driver’s License
- ☐ Passport
- ☐ Other: ________________

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<tr>
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<th>Date (MM/DD/YYYY)</th>
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**Witness Name and Title (print)**

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<th>Today's Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>
Notarization Form (This form is only needed if not able to have witnessed at Boston IVF)

Patient Name (print)                  Patient Signature                        Date of Birth (MM/DD/YYYY)

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)

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

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)