

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)

Patient Name (print)
(MM/DD/YYYY)

Patient Signature

Today's Date

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)

Partner Name (if applicable, print)

Partner Signature

Today's Date (MM/DD/YYYY)

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)

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)