

CONSENT TO THAW FROZEN DONOR SPERM

We hereby give our permission to Boston IVF to thaw donor sperm samples to be used to achieve a pregnancy either by intrauterine inseminations (IUI) or in vitro fertilization (IVF) treatment.

This consent must be signed in front of a notary public and is valid for inseminations 60 days from the date below.

We have been given the opportunity to ask questions, which have been answered to our satisfaction our Boston IVF physician and caregivers.

Signature of Patient

Signature of Partner

Printed Name

Printed Name

Date of Birth

Date of Birth

_____(County)

_____(County)

_____(State)

_____(State)

On this ____ day of _____, 201____,
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.

On this ____ day of _____, 201____,
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.

Notary Public

Notary Public