



**MASSACHUSETTS
GENERAL HOSPITAL**
FERTILITY CENTER

Patient Name: _____

Partner Name: _____

Date of Birth: _____

Date of Birth: _____

MRN: _____

MRN: _____

Embryo Disposition Consent

I/we, _____ (Patient), and _____ (Partner, if applicable) hereby direct the Massachusetts General Hospital Fertility Center, in accordance with its policies and procedures, to the disposition of embryo(s) as indicated below. I/we understand that this is a final decision. **Signatures must be witnessed by an MGH IVF staff member or notary public.**

This Disposition Consent reflects state law, and in the event of any question or conflict with the terms of prior consent forms that we signed, this Disposition Consent supersedes any prior form.

I/we hereby make the following decision regarding the final disposition of frozen embryos that I/we no longer wish to have stored for fertility purposes at the Massachusetts General Hospital.

Initial only one disposition option below (Export, Discard, or Donate):

Disposition Options		Patient Initials	Partner Initials (if applicable)
Export	I/we will arrange for transport of Embryo(s) to another facility.		
Discard	I/we would like to discard Embryo(s).		
Donate	I/we would like to donate Embryo(s) for medical research or quality assurance/training purposes, including but not limited to MGH Fertility Center training or embryonic stem cell research, which may result in destroying embryo(s). I accept that this choice will not result in the birth of a child.		

Indicate which embryo(s) are to be exported, discarded, or donated:

IVF Cycle # _____ Embryo ID Number(s) _____

IVF Cycle # _____ Embryo ID Number(s) _____

IVF Cycle # _____ Embryo ID Number(s) _____

Patient:	Partner (if applicable):
Date: _____ DOB: _____	Date: _____ DOB: _____
Patient Name: _____	Partner Name: _____
Patient Signature: _____	Partner Signature: _____
MGH Staff printed name: _____	MGH Staff printed name: _____
MGH Staff Signature: _____	MGH Staff Signature: _____
NOTARY (required if not witnessed by MGH staff)	NOTARY (required if not witnessed by MGH staff)
County of _____ On this _____ day of _____, 20 _____, before me the undersigned notary public, personally appeared _____, provided to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document in my presence.	County of _____ On this _____ day of _____, 20 _____, before me the undersigned notary public, personally appeared _____, provided to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document in my presence.
Notary Signature: _____	Notary Signature: _____
Date: _____ Commission Expiration Date: _____	Date: _____ Commission Expiration Date: _____
(Seal)	(Seal)