



MASSACHUSETTS
GENERAL HOSPITAL
FERTILITY CENTER

Patient Name: _____

Date of Birth: _____

MRN: _____

Sperm Disposition Consent

I, _____ (Patient), _____ (Date of Birth) hereby direct the Massachusetts General Hospital Fertility Center, in accordance with its policies and procedures, to the disposition of sperm as indicated below. I understand that this is a final decision. **Signature must be witnessed by an MGH IVF staff member or a 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 I have signed, this Disposition Consent supersedes any prior form.

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

Initial only one disposition option below (A, B, or C):

Disposition Options	Patient Initials
A. Export: I (Patient) will arrange for transport of sperm sample(s) to another facility.	
B. Discard: I (Patient) would like to discard sperm sample(s) as indicated below.	
C. *Donate: I (Patient) would like to donate sperm sample(s) to Research or Activities Related to Improving Assisted Reproductive Therapies- (described below).	

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

_____ **All** vial(s) of sperm stored at MGH

_____ **ONLY** the following vial(s) of sperm stored at MGH _____

*This may include studies of ways to improve techniques or fertility success rates or studies that may improve our understanding of infertility and reproductive medicine.

Patient Signature: _____ Date: _____

MGH IVF Staff Printed Name: _____

MGH IVF Staff Signature: _____

NOTARY (required if not witnessed by MGH staff) County _____

On this _____ day of _____, 20 _____, before me the undersigned notary public, personally appeared _____, provided to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Signature: _____ Date: _____

Commission Expiration Date: _____ (seal)