Massachusetts General Hospital Fertility Center ● 32 Fruit Street, Yawkey 10-A ● Boston, MA 02114 ● Phone: 617-726-8868 ● Fax: 617-726-9165

MASSACHUSETTS GENERAL HOSPITAL

FERTILITY CENTER

Consent to Thaw Cryopreserved Embryo(s) for Transfer

Must be signed for each thaw cycle
Consent Expiration: 6 months

I/we, ___________________________________ (Patient), and__________________________ (Partner, if applicable) hereby direct the Massachusetts General Hospital Fertility Center, in accordance with its policies and procedures, to proceed with a cryopreserved embryo thaw cycle. I/We understand that this is a final decision.

Signatures must be witnessed by an MGH IVF staff member or notary public.

Patient:

Date: ____________________ DOB: ________________

Patient Name: ___________________________________

Patient Signature: ________________________________

MGH Staff Printed Name: _________________________

MGH Staff Signature: _____________________________

Partner (if applicable):

Date: ___________________ DOB: ________________

Partner Name: ___________________________________

Partner Signature: ________________________________

MGH Staff Printed Name: _________________________

MGH Staff Signature: _____________________________

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, 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)

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, 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)