MASSACHUSETTS GENERAL HOSPITAL FERTILITY CENTER CONSENT TO DISPOSITION OF CRYOPRESERVED EMBRYOS

	(Patient) and husetts General Hospital Fertili	ity Center		
	following way of all embryos consion. These signatures need t			
	Disposition reflects new state landsent forms that we signed, this			
We hereby make	the following decision regarding will not use for fertility purpo			
Patient's Initials	Partner's Initials	A.	Transfer: We (Patient and Partner) will arrange fo transfer of remaining embryos to another facility fo storage or possible donation to another person.	
		В.	Research or Activities Assisted Reproductive T	s Related to Improving herapies (ART):
Patient's Initials	Partner's Initials		improving ART studies of ways fertility success	and activities related to may include, for example to improve techniques of rates or studies that may derstanding of infertility and dicine.
			stem cell researd contact us to pro a particular stud we consent to d MGH would re embryos and lim	lso may include embryonic ch. In this case, MGH would ovide more information about ly and to ask whether or no lonate embryos to the study tain a link between my/ou- nited information about me/us tact us about such research a
Patient's Initials	Partner's Initials	C.	Discard : We would like the	ne embryos to be discarded.
Patient:				Date:
	Signature	ŀ	Print Full Name	
Partner:	Signature	I	Print Full Name	Date:
Witness:	Signature of IVF Staff	- OR -	Print Full Name	
Notary Public: _				
N	Signature Vy Commission Expires:		Print Full Name	

Disposition Version: 03/15/07