

**MASSACHUSETTS GENERAL HOSPITAL FERTILITY CENTER
CONSENT TO DISPOSITION OF CRYOPRESERVED SPERM**

I, _____ (Patient), hereby direct the Massachusetts General Hospital Fertility Center, in accordance with its policies and procedures, to dispose in the following way of all sperm samples currently being cryopreserved for me. I understand that this is a final decision. **The signature needs to be witnessed by an IVF staff member or a notary public.**

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

Disposition of Cryopreserved Sperm:

I hereby make the following decision regarding the final disposition of frozen sperm that has been stored and that I will not use it for fertility purposes. Please choose one of the three options and initial it.

Patient's Initials

A. **Transfer:** I (Patient) will arrange for transfer of remaining sperm to another facility for storage.

B. **Research or Activities Related to Improving Assisted Reproductive Therapies (ART):**

Patient's Initials

- The research and activities related to improving ART may include, for example, studies of ways to improve techniques or fertility success rates or studies that may improve our understanding of infertility and reproductive medicine.

Patient's Initials

C. **Discard:** I would like all sperm samples to be discarded.

Patient: _____ Date: _____
Signature Print Full Name

Witness: _____
Signature of IVF Staff Print Full Name

- OR -

Notary Public: _____
Signature Print Full Name
My Commission Expires: _____