



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MRN: \_\_\_\_\_

## Oocyte 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 Oocyte(s) 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 we signed, this Disposition Consent supersedes any prior form.

I hereby make the following decision regarding the final disposition of frozen oocytes 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. <b>Export:</b> I (Patient) will arrange for transport of Oocyte(s) to another facility.	
B. <b>Discard:</b> I (Patient) would like to discard Oocyte(s) as indicated below.	
C. <b>*Donate:</b> I (Patient) would like to donate Oocyte(s) to Research or Activities Related to Improving Assisted Reproductive Therapies- (described below).	

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

\_\_\_\_\_ All Oocyte(s) stored at MGH

\_\_\_\_\_ **ONLY** the following Oocyte(s) 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. The research may also include embryonic stem cell research; in this case, MGH would contact us to provide more information about a particular study and to ask whether you consent to donate oocytes to the study. MGH would retain a link between my oocytes and limited information about me in order to recontact me about such research at a future time.

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)