

## **CONSENT TO THAW AND REFREEZE FROZEN EMBRYOS FOR GENETIC TESTING**

I/We hereby give our (my) permission to Boston IVF to thaw my/our frozen embryos, perform a biopsy on all viable embryos for genetic testing and then refreeze the embryos waiting for genetic test results.

I/We understand that during this process the embryos may not survive the thawing process, may not be suitable for biopsy or be diagnosed as being genetically abnormal and will be discarded.

This consent serves as an addendum to the previously signed consent forms entitled “**Consent form for embryo biopsy with preimplantation genetic testing-aneuploidy**” and/or “**Consent form for embryo biopsy with preimplantation genetic testing-for disease causing genetic mutations or chromosomal structural rearrangements**”

**This consent must be signed in front of a Boston IVF witness (or as a default an official Notary) and is valid for 120 days prior to the date of the thaw.**

**I/We have read the IVF Consent for Treatment Guide in its entirety and have had ample time to reach my/our decision, free from pressure and coercion, and agree to proceed with my/our participation in Assisted Reproduction to thaw, biopsy and refreeze my/our embryos as stated.**



**Notarization Form** (This form is only needed if not able to have witnessed at Boston IVF)

\_\_\_\_\_  
**Patient Name (print)**                      **Patient Signature**                          /    /      
**Date of Birth (MM/DD/YYYY)**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public,  
personally appeared

\_\_\_\_\_, proved to me through satisfactory evidence of  
identification, which were \_\_\_\_\_, to be the person  
whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: \_\_\_\_\_ Expiration Date:     /    /      
(MM/DD/YYYY)

    /    /      
Today's Date (MM/DD/YYYY)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Title

My appointment expires:     /    /      
(MM/DD/YYYY)

\_\_\_\_\_  
**Partner Name (if applicable, print)**                      **Partner Signature**                          /    /      
**Date of Birth (MM/DD/YYYY)**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public,  
personally appeared

\_\_\_\_\_, proved to me through satisfactory evidence of  
identification, which were \_\_\_\_\_, to be the person  
whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: \_\_\_\_\_ Expiration Date:     /    /      
(MM/DD/YYYY)

    /    /      
Today's Date (MM/DD/YYYY)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Title

My appointment expires:     /    /      
(MM/DD/YYYY)