

**CONSENT FOR INTRAUTERINE INSEMINATION
WITH ERICSSON GENDER BALANCING**

Island Reproductive Services

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South Plainfield, NJ 07080
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I _____ (Patient) and _____ (Partner) desire an intrauterine insemination for the purpose of conceiving a child. We freely, voluntarily, and knowingly give our consent to the physician(s) to perform insemination with sperm which has been subjected to a separation and isolation process.

We have been informed and understand that the procedure used in separating and isolating the sperm has been in use in the medical field for a number of years. However, results from the use of this procedure are not fully predictable. We understand that the results of this insemination with separated and isolated sperm cannot be guaranteed. No guarantee, assurance, or anything that could in any way be construed or interpreted as a guarantee or assurance has been given to us by the physician(s) or any other person.

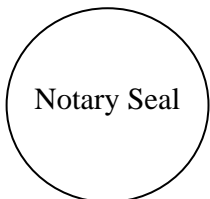
We understand that within the normal human population a certain percentage of children are born with physical or mental defects. We further understand that there is not sufficient evidence available which would indicate that there is reason to assume that children born as the result of insemination using separated and isolated sperm have any increased risks of congenital anomalies, malformations, or other birth defects than that of the general population.

We do hereby promise, undertake, and guaranty to hold harmless and to indemnify the physician(s) and all other persons connected with the sperm separation and isolation process from all liabilities, claims, actions, damages, expenses, and losses of any nature whatsoever caused by or arising from the insemination using separated and isolated sperm. We hereby state and affirm that the procedure to be used to separate and isolate the sperm to be used in the insemination has been fully explained to us to our full and complete understanding and satisfaction.

_____	_____	____/____/____
Patient	Partner	Date
_____	_____	
Physician	Witness	

NOTARY REQUIRED (PATIENT AND PARTNER) IF CONSENT NOT SIGNED AND WITNESSED IN THE OFFICE

Subscribed and affirmed before me in the county of _____,
State of _____, this _____ day of _____, 20____.



(Notary's official signature)

(Commission expiration date)