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**CONSENT FOR INTRAUTERINE INSEMINATION (IUI)
WITH ERICSSON FAMILY BALANCING**

I _____ (Patient) and _____ (Partner, if applicable) desire an intrauterine insemination for the purpose of conceiving a child. I/we consent to the processing and separation of sperm in such a way as to increase the chances of having our desired sex. Our desired sex is FEMALE MALE

I/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 for sex selection 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.

I/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 no 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.

I/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 Name	Patient Signature	Date
_____	_____	____/____/____
Partner Name	Partner Signature	Date
_____	_____	____/____/____
Witness / Notary Name	Witness / Notary Signature	Date