

GENDER PRE-SELECTION CONSENT FORM

First Name (Wife/Partner):		Last Name (Wife/Partner):	
Current address:			
City:	State:	Zip Code/Country:	
Phone (Day):	Phone (Eve):	Email:	
First Name (Husband/Partner):		Last Name: (Husband/Partner):	
Current address:			
City:	State:	Zip Code/Country:	
Phone (Day):	Phone (Eve):	Email:	
Marital Status (Please circle): <input type="radio"/> Single <input type="radio"/> Married			Desired Sex of the Child (Please indicate):

I/we (the names of the people mentioned above), am/are 18 years of age or older and following thoughtful consideration, have decided to undergo Artificial Insemination following the non-complete separation of X from Y bearing sperm by Fertility Center of California, herein referred to as FCC. I/we fully understand and agree to the following terms and conditions:

1. FCC will use a patented technique developed by Dr. Ronald Ericsson of Gametrics, Ltd., Las Vegas, Nevada, for processing my semen in an attempt to pre-select the sex of our baby based on a fee for service.
2. Using timed intrauterine insemination, the average woman may conceive in about three to six cycles, assuming no male or female infertility factors are involved. It is important to remember that you may get pregnant with the first attempt or subsequent attempts.
3. Based on data collected from studies using Ericsson technique for X and Y sperm separation, thousands of healthy babies have been born in the United States after using this sperm separation technique. Based on these data, the risk of miscarriage and/or birth defects from this technique is no greater than that of a naturally conceived pregnancy.
4. The outcome of pregnancies conceived by this technique can never be guaranteed, because this method of sperm isolation does not completely separate X chromosome from Y chromosome bearing sperm or vice versa.
5. No promises, implicit or explicit, of a pregnancy or a child of the desired sex have been made by FCC or its staff.
6. Neither FCC, nor my physician, nor the nurse who will perform the intrauterine insemination (IUI) can guarantee that a pregnancy and live birth will result from this process of sperm separation and artificial insemination.
7. Neither FCC, nor my physician, nor the nurse who will perform the IUI can guarantee that the child born from this procedure will be of a desired sex and/or free of any mental and/or physical defects and thus neither assumes the responsibility for the physical and/or mental characteristics of any child/children born as a result of this artificial insemination.

6699 ALVARADO ROAD #2208
 SAN DIEGO, CA 92120
 TEL 619.265.0102 • FAX 619.265.1429



www.spermbankcalifornia.com
info@fertilityctr.com

12791 NEWPORT AVENUE #206
 TUSTIN, CA 92780
 TEL 714.730.3060 • FAX 714.730.3063

8. I/we absolve, release, indemnify, protect, and hold harmless from any and all liabilities for the mental and/or physical nature or character of any offspring so conceived or born, and for affirmative acts or acts of omission which may arise during the performance and application of this agreement, my physician and/or his/her designees who performed the artificial insemination, FCC, and/or the nurse who will perform the IUI.
9. This agreement shall be governed by the laws of the State of California and shall be binding upon the parties hereto, their personal representatives, estates, heirs and successors in interest.

Signature of Wife/Partner:	Date:
Signature of Husband/Partner:	Date:
FCC Representative:	Date:

