

Consent Form for Gender Selection Procedure

Patient's agreement, release, waiver and indemnification for gender selection procedure and artificial insemination

Patient's Name _____ Date _____

Spouse's Name _____ Date _____

I _____, and I, _____ are opting for gender selection process that comes with the following statements and disclosures, all of which we agree with and will adhere to.

Gender selection is a procedure that does not guarantee results. It is not a 100% success bearing procedure. The procedure that will be utilized takes advantage of the fact that the sperm bearing a Y chromosome (male child) are slightly lighter than the X chromosome bearing sperm (female child). The distribution of X and Y bearing sperm in a normal sperm sample are equal, but this method will segregate the heavier sperm (female) from the lighter sperm (male). Since the difference in weight is slight (about a 3% difference in amount of DNA) a perfect separation cannot be achieved. The technique, which has been licensed in the U.S. and internationally since the 1970's claims a 78-85% success rate in a couple seeking a boy and a 73-75% success rate for a couple seeking a girl. _____

Initials

Date of Last Unprotected Intercourse

Any unprotected intercourse that may have occurred around the time of ovulation may have achieved a natural pregnancy. This can have obvious repercussions in regards to the success of this procedure. _____

Initials

I/We understand that if the outcome of the gender selection results in a pregnancy and the gender of the child is not the desired gender, that I/we have no recourse against the implementers of the test. I/we will not take any action against any party involved and renounce all chance to file legal action of any sort against the parties involved. I/we understand that no refund of any monies, services, etc. will be available as a result of pregnancy resulting in the undesired gender or desired gender. We, and each of us acknowledge our obligation to care for and support and otherwise treat any child born as a result of gender selection and artificial insemination. We understand that if pregnancy shall result, there is a possibility of complications of child birth or delivery, or the birth of an abnormal infant or infants, or undesirable hereditary tendencies of such issues, or other adverse consequences.

Initials

To induce Dr. Levin and other parties involved in the gender selection and artificial insemination to render services herein requested, we and each of us agree that:

1. We release all parties involved from any liability and responsibility of any nature whatsoever which may result from complications of child birth and delivery or from the birth of an infant or infants abnormal in any respect, or from hereditary tendencies of such an issue, or from any other adverse consequences which may arise in connection with or as a result of the gender selection or artificial insemination herein authorized.
2. We shall refrain from bringing any legal action of any kind, and refrain from aiding anyone else in bringing legal action for or on account of any matter or thing which might arise out of the gender selection or artificial insemination herein contemplated, except for any such actions which might be grounded upon professional negligence in accomplishing the procedure contemplated.
3. Except as provided-above, we shall indemnify Dr. Levin and all other parties involved for any attorney's fees, court costs, damages, judgments or any other losses or expenses incurred by him or for which he may be responsible with any respect to any claim, legal action, or defense thereto, arising out of the gender selection or artificial insemination herein contemplated, including any claim of or legal action brought by the child or children resulting from the gender selection or artificial insemination, all expecting any action based upon professional negligence with respect to the procedures contemplated herein.

I/we understand I/we am/are being offered a service with no guarantee. All fees must be paid at time of service. All procedures and protocols stated by implementers must be adhered to by patient and spouse. I have read and signed this entire form and agree to all statements. I have read and signed a fee sheet and agree to all statements.

_____ Patient Signature _____ Date

_____ Spouse Signature _____ Date

_____ Witness