RECEIPT OF SPERM PREPARED FOR INTRAUTERINE INSEMINATION

I / We, have received one tube containing sperm prepared for intrauterine insemination. We have been advised that removal of the prepared sperm from North Hudson IVF Center may jeopardize their viability and/or fertilizing potential. Furthermore, we have been advised that in order to maintain viability and fertilizing potential, the sperm must remain at or near body temperature during transport and if they are allowed to cool during transport, the sperm may no longer be capable of initiating a pregnancy. We understand and agree that once the prepared sperm have been removed from the premises, North Hudson IVF Center is no longer responsible for the viability and fertilizing potential of the sperm. Accordingly, we accept full responsibility for the prepared sperm.

_____ _____

Patient's Signature Date

_____ _____

Partner's Signature Date

Prepared sperm were released on __/__/__ at _____ am/pm in the presence of:

_____ _____

Print Name Signature