

Informed Consent For Donor 13044 Grantham

Patient Name	("Patient to be inseminated") hereby acknowledge and represent as follows:
Patient Initials	The undersigned patient seeks to use donated semen from Donor 13044 (Grantham) collected by the Seattle Sperm Bank for reproductive use.
Patient Initials	Patient understands that <i>Donor 13044 (Grantham)</i> has tested positive as a carrier of <i>Nonsyndromic deafness (MYO15A-related)</i> and <i>21-hydroxylase Deficient Congenital Adrenal insufficiency</i> . .
Patient Initials	Patient is aware of the aforementioned exceptions and genetic disease risks associated with each.
Patient Initials	Patient agrees to personally assume all risks associated with Patient's use of semen samples donated by a Donor that has tested positive as a carrier of <i>Nonsyndromic deafness (MYO15A-related)</i> and <i>21-hydroxylase Deficient Congenital Adrenal insufficiency</i> . Patient hereby releases Seattle Sperm Bank and its current and former officers, directors, employees, attorneys, insurers, agents and representatives of any liability or responsibility whatsoever for any and all outcomes, whether currently known, suspected, unknown or unsuspected, arising out of Patient's use of donor semen donated by Donor that has tested positive as a carrier of <i>Nonsyndromic deafness (MYO15A-related)</i> and <i>21-hydroxylase Deficient Congenital Adrenal insufficiency</i> .

Please select ONE of the following boxes:

<input type="checkbox"/> I DECLINE Testing	I understand the risks associated with using donor semen donated by <i>Donor 13044 (Grantham)</i> that has tested positive as a carrier of <i>Nonsyndromic deafness (MYO15A-related)</i> and <i>21-hydroxylase Deficient Congenital Adrenal insufficiency</i> , and I have been offered genetic testing for this condition by Seattle Sperm Bank and I am choosing to DECLINE testing on myself for this condition.
<input type="checkbox"/> I ACCEPT Testing	I understand the risks associated with using donor semen donated by <i>Donor 13044 (Grantham)</i> that has tested positive as a carrier of <i>Nonsyndromic deafness (MYO15A-related)</i> and <i>21-hydroxylase Deficient Congenital Adrenal insufficiency</i> , and I have been offered genetic testing for this condition and have chosen to have myself screened for this condition, as facilitated by Seattle Sperm Bank through the use of genetic testing.

Partner or Spouse Name (if applicable):

X _____

X *Angelo Allard* _____
Signed By Seattle Sperm Bank



Signed On: April 18, 2025



Signature Certificate

Document name: Informed Consent For Donor 13044 Grantham

Unique Document ID: 0255AD6C5EB851809A1AD169D823FC963DCF6239



Timestamp

April 18, 2025 9:01 am PDT

Audit

Informed Consent For Donor 13044 Grantham Uploaded
by Seattle Sperm Bank - canam@seattlespermbank.com
IP 50.175.77.114



This audit trail report provides a detailed record of the online activity and events recorded for this contract.