

## Informed Consent for Donor 10879 Probal

Patient Name

("Patient to be inseminated") hereby acknowledge and represent as follows:

Patient Initials

The undersigned patient seeks to use donated semen from **Donor 10879 (Probal)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials

Patient understands that *Donor 10879 (Probal)* has tested positive as a carrier of *Biotinidase Deficiency, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), and ABCA4-related Conditions.*

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 *Biotinidase Deficiency, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), and ABCA4-related Conditions.* 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 *Biotinidase Deficiency, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), and ABCA4-related Conditions.*

Please select ONE of the following boxes:

☐ I **DECLINE** Testing

I understand the risks associated with using donor semen donated by *Donor 10879 (Probal)* that has tested positive as a carrier of *Biotinidase Deficiency, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), and ABCA4-related Conditions,* 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.

☐ I **ACCEPT** Testing

I understand the risks associated with using donor semen donated by *Donor 10879 (Probal)* that has tested positive as a carrier of *Biotinidase Deficiency, Hb Beta Chain-related Hemoglobinopathy (including Beta Thalassemia And Sickle Cell Disease), and ABCA4-related Conditions,* 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: August 6, 2025



# Signature Certificate

Document name: Informed Consent for Donor 10879 Probal

Unique Document ID: 09F955A50E7C00CE1A936D64AC1AF51B0B3CE865



**Timestamp**

August 6, 2025 12:50 pm PST

**Audit**

Informed Consent for Donor 10879 Probal 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.