Informed Consent For Donor 10711 Fallon

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 10711 (Fallon)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that donor has tested positive as a carrier of *Congenital Disorder of Glycosylation Type Ia, Cystic Fibrosis, Familial Dysautonomia, Sever Neonatal Hyperparathyroidism*.

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 of *Congenital Disorder of Glycosylation Type Ia, Cystic Fibrosis, Familial Dysautonomia, Sever Neonatal Hyperparathyroidism*. 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 of *Congenital Disorder of Glycosylation Type Ia, Cystic Fibrosis, Familial Dysautonomia, Sever Neonatal Hyperparathyroidism*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10711 (Fallon)* that has tested positive as a carrier of of *Congenital Disorder of Glycosylation Type Ia, Cystic Fibrosis, Familial Dysautonomia, Sever Neonatal Hyperparathyroidism*, 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 10711 (Fallon)* that has tested positive as a carrier of of *Congenital Disorder of Glycosylation Type Ia, Cystic Fibrosis, Familial Dysautonomia, Sever Neonatal Hyperparathyroidism*, 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

verified by approveme

Signed On: July 6, 2023

Signature Certificate

Document name: Informed Consent For Donor 10711 Fallon

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LEGALLY SIGNED USING WPesignature
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