

# Informed Consent For Donor 14527 Mosby

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 14527 (Mosby)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that donor has tested positive as a carrier of *Adenosine Deaminase Deficiency, Galactosemia, Segawa Syndrome, Usher Syndrome Type 1F, Gitelman Syndrome, and Oculocutaneous Albinism Type 2 OCA2.*

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 *Adenosine Deaminase Deficiency, Galactosemia, Segawa Syndrome, Usher Syndrome Type 1F, Gitelman Syndrome, and Oculocutaneous Albinism Type 2 OCA2.* 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 *Adenosine Deaminase Deficiency, Galactosemia, Segawa Syndrome, Usher Syndrome Type 1F, Gitelman Syndrome, and Oculocutaneous Albinism Type 2 OCA2.*

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 14527 (Mosby)* that has tested positive as a carrier of *Adenosine Deaminase Deficiency, Galactosemia, Segawa Syndrome, Usher Syndrome Type 1F, Gitelman Syndrome, and Oculocutaneous Albinism Type 2 OCA2,* 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 14527 (Mosby)* that has tested positive as a carrier of *Adenosine Deaminase Deficiency, Galactosemia, Segawa Syndrome, Usher Syndrome Type 1F, Gitelman Syndrome, and Oculocutaneous Albinism Type 2 OCA2,* 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):



*Angelo Allard*

X

X

Signed By Seattle Sperm Bank

Signed On: October 23, 2024

# Signature Certificate

Document name: Informed Consent For Donor 14527 Mosby

🔒 Unique Document ID: 426B199DFF23A4EA70C4D5A14EE7000C32C2939B

LEGALLY SIGNED USING  
**WP**signature  
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## Timestamp

October 23, 2024 7:57 am  
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## Audit

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