

Informed Consent For Donor 18073 Varland

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 18073 (Varland)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that *Donor 18073 (Varland)* has tested positive as a carrier of *Homocystinuria Caused By Cystathionine Beta-synthase Deficiency and TMEM67-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 *Combined malonic and methylmalonic aciduria, CYP1B1-related conditions and GJB2-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 *Homocystinuria Caused By Cystathionine Beta-synthase Deficiency and TMEM67-related Conditions*.

Please select ONE of the following boxes:

I DECLINE Testing

I understand the risks associated with using donor semen donated by *Donor 18073 (Varland)* that has tested positive as a carrier of *Homocystinuria Caused By Cystathionine Beta-synthase Deficiency and TMEM67-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 18073 (Varland)* that has tested positive as a carrier of *Homocystinuria Caused By Cystathionine Beta-synthase Deficiency and TMEM67-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: March 18, 2025



Signature Certificate

Document name: Informed Consent For Donor 18073 Varland

🔒 Unique Document ID: 4C55AB4001621134A98E0F9B0158869A2E22EAED

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

March 18, 2025 3:23 pm PDT

Audit

Informed Consent For Donor 18073 Varland 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.

Page 2 of 2