

## Informed Consent For Donor 10753 Reginald

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 10753 (Reginald)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that donor has tested positive as a carrier of *ABCA4-related conditions, CFTR-related conditions and Congenital disorder of glycosylation type Ia*.

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 *ABCA4-related conditions, CFTR-related conditions and Congenital disorder of glycosylation type Ia*. 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 *ABCA4-related conditions, CFTR-related conditions and Congenital disorder of glycosylation type Ia*.

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10753 (Reginald)* that has tested positive as a carrier of *ABCA4-related conditions, CFTR-related conditions and Congenital disorder of glycosylation type Ia*, 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 10753 (Reginald)* that has tested positive as a carrier of *ABCA4-related conditions, CFTR-related conditions and Congenital disorder of glycosylation type Ia*, 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: December 19, 2023



# Signature Certificate

Document name: Informed Consent For Donor 10753 Reginald

🔒 Unique Document ID: 52A019C78EC7F19DDCFB5E8657603DC3D46B4CFA

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

December 19, 2023 12:44  
pm PDT

## Audit

Informed Consent For Donor 10753 Reginald Uploaded  
by Seattle Sperm Bank - canam@seattlespermbank.com  
IP 75.151.115.177



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

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