Informed Consent For Donor 10660 Dujardin

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 10660 (Dujardin)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that donor has tested positive as a carrier of *Medium Chain Acyl-CoA Dehydrogenase Deficiency, Non-Syndromic Hearing Loss (GJB2-Related), Primary Hyperoxaluria, HFE-associated hereditary hemochromatosis and Wilson Disease.*

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 *Medium Chain Acyl-CoA Dehydrogenase Deficiency, Non-Syndromic Hearing Loss (GJB2-Related), Primary Hyperoxaluria, HFE-associated hereditary hemochromatosis and Wilson Disease*. 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 *Medium Chain Acyl-CoA Dehydrogenase Deficiency, Non-Syndromic Hearing Loss (GJB2-Related), Primary Hyperoxaluria, HFE-associated hereditary hemochromatosis and Wilson Disease*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10660 (Dujardin)* that has tested positive as a carrier of *Medium Chain Acyl-CoA Dehydrogenase Deficiency, Non-Syndromic Hearing Loss (GJB2-Related), Primary Hyperoxaluria, HFE-associated hereditary hemochromatosis and Wilson Disease*, 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 10660 (Dujardin)* that has tested positive as a carrier of *Medium Chain Acyl-CoA Dehydrogenase Deficiency, Non-Syndromic Hearing Loss (GJB2-Related), Primary Hyperoxaluria, HFE-associated hereditary hemochromatosis and Wilson Disease*, 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):

verified by approveme

Angelo Allard

X _____ X _____

Signed By Seattle Sperm Bank
Signed On: May 13, 2025

Signature Certificate

Document name: Informed Consent For Donor 10660 Dujardin

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