

## Informed Consent For Donor 18118 Damari

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

The undersigned patient seeks to use donated semen from **Donor 18118 (Damari)** collected by the Seattle Sperm Bank for reproductive use.

Patient understands that *Donor 18118 (Damari)* has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia and Microcephalic Osteodysplastic Primordial Dwarfism Type II (PCNT)*.

Patient is aware of the aforementioned exceptions and genetic disease risks associated with each.

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 *21-hydroxylase Deficient Congenital Adrenal Hyperplasia and Microcephalic Osteodysplastic Primordial Dwarfism Type II (PCNT)*. 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 *21-hydroxylase Deficient Congenital Adrenal Hyperplasia and Microcephalic Osteodysplastic Primordial Dwarfism Type II (PCNT)*.

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 18118 (Damari)* that has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia and Microcephalic Osteodysplastic Primordial Dwarfism Type II (PCNT)*, 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 18118 (Damari)* that has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia and Microcephalic Osteodysplastic Primordial Dwarfism Type II (PCNT)*, 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



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# Signature Certificate

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## Audit

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