

# Informed Consent For Donor 10559 Stitzer

Patient Name

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

Patient Initials

The undersigned patient seeks to use donated semen from **Donor 10559 (Stitzer)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials

Patient understands that donor has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, Wilson Disease, Pompe Disease, Biotinidase Deficiency, and Fanconi Anemia Complementation Group A*.

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 *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, Wilson Disease, Pompe Disease, Biotinidase Deficiency, and Fanconi Anemia Complementation Group A*. 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 *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, Wilson Disease, Pompe Disease, Biotinidase Deficiency, and Fanconi Anemia Complementation Group A*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10559 (Stitzer)* that has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, Wilson Disease, Pompe Disease, Biotinidase Deficiency, and Fanconi Anemia Complementation Group A*, 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 10559 (Stitzer)* that has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, Wilson Disease, Pompe Disease, Biotinidase Deficiency, and Fanconi Anemia Complementation Group A*, 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: December 19, 2023



# Signature Certificate

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