

# Informed Consent For Donor 14284 Felipe

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

The undersigned patient seeks to use donated semen from **Donor 14284 (Felipe)** collected by the Seattle Sperm Bank for reproductive use.

Patient understands that donor has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, and Cystic Fibrosis*.

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 *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, and Cystic Fibrosis*. 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, and Cystic Fibrosis*.

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 14284 (Felipe)* that has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, and Cystic Fibrosis*, 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 14284 (Felipe)* that has tested positive as a carrier of *GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness, and Cystic Fibrosis*, 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: February 21, 2024



# Signature Certificate

Document name: Informed Consent For Donor 14284 Felipe

🔒 Unique Document ID: 97B5245CFF4F3FBFB1222F610CAEC3284D0E98E4

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

February 21, 2024 1:56 pm  
PDT

## Audit

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