Informed Consent For Donor 18101 Rankin

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 18101 (Rankin)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that *Donor 18101 (Rankin)* has tested positive as a carrier of *Glycogen Storage Disease Type V* and *Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome.*
.

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 *Glycogen Storage Disease Type V* and *Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome.* 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 *Glycogen Storage Disease Type V* and *Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome.*

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 18101 (Rankin)* that has tested positive as a carrier of *Glycogen Storage Disease Type V* and *Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome*, 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 18101 (Rankin)* that has tested positive as a carrier of *Glycogen Storage Disease Type V* and *Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome*, 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

verified by approveme

Signed On: January 8, 2025

Signature Certificate

Document name: Informed Consent For Donor 18101 Rankin

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LEGALLY SIGNED USING WPesignature
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Timestamp	Audit
January 8, 2025 10:01 pm PST	Informed Consent For Donor 18101 Rankin Uploaded by Seattle Sperm Bank - canam@seattlespermbank.com IP 50.175.77.114

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