Document ID: b5ab085a3ae1d6c5af99c10892ee0e64093a6be7

Generated on: May 6, 2024

Signed On: https://www.seattlespermbank.ca/

## Informed Consent For Donor 13057 Tenon

Patient Name	("Patient to be inseminated") hereby acknowledge and represent as follows:
Patient Initials	The undersigned patient seeks to use donated semen from <b>Donor 13057</b> ( <b>Tenon</b> ) collected by the Seattle Sperm Bank for reproductive use.
Patient Initials	Patient understands that donor has tested positive as a carrier of Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, Congenital disorder of glycosylation type 1k and Gitelman 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 Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, Congenital disorder of glycosylation type 1k and Gitelman 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 Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, Congenital disorder of glycosylation type 1k and Gitelman Syndrome.
Please select ONE of the	following boxes:
□ I DECLINE Testing	I understand the risks associated with using donor semen donated by Donor 13057 (Tenon) that has tested positive as a carrier of Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, Congenital disorder of glycosylation type 1k and Gitelman Syndrome, and I have been offered genetic testing for this condition by Seattle Sperm Bank and I am choosing to <b>DECLINE</b> testing on myself for this condition.
□ I ACCEPT Testing	I understand the risks associated with using donor semen donated by Donor 13057 (Tenon) that has tested positive as a carrier of Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, Congenital disorder of glycosylation type 1k and Gitelman 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):	





Document ID: b5ab085a3ae1d6c5af99c10892ee0e64093a6be7

Generated on: May 6, 2024

Signed On: https://www.seattlespermbank.ca/

Signed On: November 3, 2025



## Signature Certificate

Document name: Informed Consent For Donor 13057 Tenon



☐ Unique Document ID: B5AB085A3AE1D6C5AF99C10892EE0E64093A6BE7

## **Timestamp**

## **Audit**

May 6, 2024 12:57 pm PST

Informed Consent For Donor 13057 Tenon 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.

Page 3 of 3