

Informed Consent For Donor 10790 Brilon

Patient Name

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

Patient Initials

The undersigned patient seeks to use donated semen from **Donor 10790 (Brilon)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials

Patient understands that *Donor 10790 (Brilon)* has tested positive as a carrier of *Achromatopsia (CNGB3)*, *Very Long Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL)*, and *Autosomal Recessive Osteopetrosis Type 1 (TCIRG1)*.
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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 *Achromatopsia (CNGB3)*, *Very Long Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL)*, and *Autosomal Recessive Osteopetrosis Type 1 (TCIRG1)*. 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 *Achromatopsia (CNGB3)*, *Very Long Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL)*, and *Autosomal Recessive Osteopetrosis Type 1 (TCIRG1)*.

Please select ONE of the following boxes:

☐ I **DECLINE** Testing

I understand the risks associated with using donor semen donated by *Donor 10790 (Brilon)* that has tested positive as a carrier of *Achromatopsia (CNGB3)*, *Very Long Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL)*, and *Autosomal Recessive Osteopetrosis Type 1 (TCIRG1)*, 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 10790 (Brilon)* that has tested positive as a carrier of *Achromatopsia (CNGB3)*, *Very Long Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL)*, and *Autosomal Recessive Osteopetrosis Type 1 (TCIRG1)*, 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: January 29, 2025



Signature Certificate

Document name: Informed Consent For Donor 10790 Brilon

🔒 Unique Document ID: B8BDF5C77B832BEF632E76F55361BDFC5AF63D89



Timestamp

January 8, 2025 10:15 pm
PST

Audit

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