

Informed Consent For Donor 12717 Carmelo

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|------------------|--|
| Patient Name | ("Patient to be inseminated") hereby acknowledge and represent as follows: |
| Patient Initials | The undersigned patient seeks to use donated semen from Donor 12717 (Carmelo) collected by the Seattle Sperm Bank for reproductive use. |
| Patient Initials | Patient understands that donor has tested positive as a carrier of <i>Cerebrotendinous Xanthomatosis</i> . |
| 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 <i>Cerebrotendinous Xanthomatosis</i> . 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 <i>Cerebrotendinous Xanthomatosis</i> . |

Please select ONE of the following boxes:

| | |
|---|---|
| <input type="checkbox"/> I DECLINE Testing | I understand the risks associated with using donor semen donated by <i>Donor 12717 (Carmelo)</i> that has tested positive as a carrier of <i>Cerebrotendinous Xanthomatosis</i> , 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. |
| <input type="checkbox"/> I ACCEPT Testing | I understand the risks associated with using donor semen donated by <i>Donor 12717 (Carmelo)</i> that has tested positive as a carrier of <i>Cerebrotendinous Xanthomatosis</i> , 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):

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|---|--|
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| | Signed By Seattle Sperm Bank Signed On: May 31, 2023 |



Signature Certificate

Document name: Informed Consent For Donor 12717 Carmelo

Unique Document ID: BF3FD950C8E8326395B1330CCE13F1052221324F



Timestamp

May 31, 2023 2:18 pm PST

Audit

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