Informed Consent For Donor 13114 Roddery

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

Patient Initials

The undersigned patient seeks to use donated semen from **Donor 13114 (Roddery)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials

Patient understands that *Donor 13114 (Roddery)* has tested positive as a carrier of C*ystic Fibrosis (CFTR), 21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2), GJB2-related DFNB1 Nonsyndromic Hearing Loss And Deafness (GJB2), Smith-Lemli-Opitz Syndrome (DHCR7), Homocystinuria-Megaloblastic Anemia, Cobalamin G Type (MTR), Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-related) (FOXRED1), Oculocutaneous Albinism (SLC45A2-related) (SLC45A2), Primary Ciliary Dyskinesia (CCDC103-related) (CCDC103),* and *Severe Combined Immunodeficiency (IL7R-Related) (IL7R).*
.

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 C*ystic Fibrosis (CFTR), 21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2), GJB2-related DFNB1 Nonsyndromic Hearing Loss And Deafness (GJB2), Smith-Lemli-Opitz Syndrome (DHCR7), Homocystinuria-Megaloblastic Anemia, Cobalamin G Type (MTR), Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-related) (FOXRED1), Oculocutaneous Albinism (SLC45A2-related) (SLC45A2), Primary Ciliary Dyskinesia (CCDC103-related) (CCDC103),* and *Severe Combined Immunodeficiency (IL7R-Related) (IL7R)*. 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 C*ystic Fibrosis (CFTR), 21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2), GJB2-related DFNB1 Nonsyndromic Hearing Loss And Deafness (GJB2), Smith-Lemli-Opitz Syndrome (DHCR7), Homocystinuria-Megaloblastic Anemia, Cobalamin G Type (MTR), Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-related) (FOXRED1), Oculocutaneous Albinism (SLC45A2-related) (SLC45A2), Primary Ciliary Dyskinesia (CCDC103-related) (CCDC103),* and *Severe Combined Immunodeficiency (IL7R-Related) (IL7R).*

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 13114 (Roddery)* that has tested positive as a carrier of C*ystic Fibrosis (CFTR), 21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2), GJB2-related DFNB1 Nonsyndromic Hearing Loss And Deafness (GJB2), Smith-Lemli-Opitz Syndrome (DHCR7), Homocystinuria-Megaloblastic Anemia, Cobalamin G Type (MTR), Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-related) (FOXRED1), Oculocutaneous Albinism (SLC45A2-related) (SLC45A2), Primary Ciliary Dyskinesia (CCDC103-related) (CCDC103),* and *Severe Combined Immunodeficiency (IL7R-Related) (IL7R)*, 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.

verified by approveme

☐ **I ACCEPT Testing**

I understand the risks associated with using donor semen donated by *Donor 13114 (Roddery)* that has tested positive as a carrier of C*ystic Fibrosis (CFTR), 21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2), GJB2-related DFNB1 Nonsyndromic Hearing Loss And Deafness (GJB2), Smith-Lemli-Opitz Syndrome (DHCR7), Homocystinuria-Megaloblastic Anemia, Cobalamin G Type (MTR), Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-related) (FOXRED1), Oculocutaneous Albinism (SLC45A2-related) (SLC45A2), Primary Ciliary Dyskinesia (CCDC103-related) (CCDC103),* and *Severe Combined Immunodeficiency (IL7R-Related) (IL7R)*, 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: November 26, 2025

Signature Certificate

Document name: Informed Consent For Donor 13114 Roddery

Unique Document ID: C0ABA6E23D9872710B174807531FABC5D568F641

LEGALLY SIGNED USING WPesignature
Build. Track. Sign Contracts.

Timestamp	Audit
November 26, 2025 12:49 pm PST	Informed Consent For Donor 13114 Roddery 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.