

## Informed Consent for Donor 10861 Buchanan

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 10861 (Buchanan)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that *Donor 10861 (Buchanan)* has tested positive as a carrier of *Galactosemia (GALT)* and *Glycogen Storage Disease Type Ia (G6PC)*.

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 *Galactosemia (GALT)* and *Glycogen Storage Disease Type Ia (G6PC)*. 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 *Galactosemia (GALT)* and *Glycogen Storage Disease Type Ia (G6PC)*.

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10861 (Buchanan)* that has tested positive as a carrier of *Galactosemia (GALT)* and *Glycogen Storage Disease Type Ia (G6PC)*, 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 10861 (Buchanan)* that has tested positive as a carrier of *Galactosemia (GALT)* and *Glycogen Storage Disease Type Ia (G6PC)*, 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 10861 Buchanan

🔒 Unique Document ID: C4C54A85A3E49AC5B4D8F38007D3F9C683540650

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

November 26, 2025 12:26  
pm PDT

## Audit

Informed Consent for Donor 10861 Buchanan 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.

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