Informed Consent for Donor 10829 Volodea

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 10829 (Volodea)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that *Donor 10829 (Volodea)* has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2)* and *Corticosterone Methyloxidase Deficiency (CYP11B2)*.

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 *21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2)* and *Corticosterone Methyloxidase Deficiency (CYP11B2)*. 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 *21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2)* and *Corticosterone Methyloxidase Deficiency (CYP11B2)*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10829 (Volodea)* that has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2)* and *Corticosterone Methyloxidase Deficiency (CYP11B2)*, 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 10829 (Volodea)* that has tested positive as a carrier of *21-hydroxylase Deficient Congenital Adrenal Hyperplasia (CYP21A2)* and *Corticosterone Methyloxidase Deficiency (CYP11B2)*, 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

verified by approveme

Signed On: February 26, 2026

Signature Certificate

Document name: Informed Consent for Donor 10829 Volodea

Unique Document ID: C6D951ED1B30D86A6B201C851527AD8D383FD234

LEGALLY SIGNED USING WPesignature
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Timestamp	Audit
February 26, 2026 12:12 pm PST	Informed Consent for Donor 10829 Volodea 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.