Informed Consent For Donor 10671 Brighton

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 10671 (Brighton)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that donor has tested positive as a carrier of *Achromatopsia (CNGA3-Related), Neural Ceroid-Lipofuscinosis and Silent (2+0) Carrier of Spinal Muscular Atrophy.*

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 (CNGA3-Related), Neural Ceroid-Lipofuscinosis and Silent (2+0) Carrier of Spinal Muscular Atrophy*. 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 (CNGA3-Related), Neural Ceroid-Lipofuscinosis and Silent (2+0) Carrier of Spinal Muscular Atrophy.*

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10671 (Brighton)* that has tested positive as a carrier of *Achromatopsia (CNGA3-Related), Neural Ceroid-Lipofuscinosis and Silent (2+0) Carrier of Spinal Muscular Atrophy*, 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 10671 (Brighton)* that has tested positive as a carrier of *Achromatopsia (CNGA3-Related), Neural Ceroid-Lipofuscinosis and Silent (2+0) Carrier of Spinal Muscular Atrophy*, 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 20, 2024

Signature Certificate

Document name: Informed Consent For Donor 10671 Brighton

Unique Document ID: DFE59B7C440AA9BAAA56BFD45E01AA6474A40DA5

LEGALLY SIGNED USING WPesignature
Build. Track. Sign Contracts.

Timestamp	Audit
February 20, 2024 2:46 pm PST	Informed Consent For Donor 10671 Brighton Uploaded by Seattle Sperm Bank - canam@seattlespermbank.com IP 75.151.115.177

This audit trail report provides a detailed record of the online activity and events recorded for this contract.