

Informed Consent for Donor 16048 Jiro

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 13118 (Jiro)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that *Donor 13118 (Jiro)* has tested positive as a carrier of *AMT-related Glycine Encephalopathy and Aicardi-Goutieres Syndrome 1 (and Other TREX1-related Retinal Dystroph)*.

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 *AMT-related Glycine Encephalopathy and Aicardi-Goutieres Syndrome 1 (and Other TREX1-related Retinal Dystroph)*. 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 *AMT-related Glycine Encephalopathy and Aicardi-Goutieres Syndrome 1 (and Other TREX1-related Retinal Dystroph)*.

Please select ONE of the following boxes:

I DECLINE Testing

I understand the risks associated with using donor semen donated by *Donor 13118 (Jiro)* that has tested positive as a carrier of *AMT-related Glycine Encephalopathy and Aicardi-Goutieres Syndrome 1 (and Other TREX1-related Retinal Dystroph)*, 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 13118 (Jiro)* that has tested positive as a carrier of *AMT-related Glycine Encephalopathy and Aicardi-Goutieres Syndrome 1 (and Other TREX1-related Retinal Dystroph)*, 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



Document ID: e0596e5219df7b1d15120574f9cde7a47b59f8ce

Generated on: July 30, 2025

Signed On: <https://www.seattlespermbank.ca/>

Signed On: August 6, 2025



Signature Certificate

Document name: Informed Consent for Donor 16048 Jiro

 Unique Document ID: E0596E5219DF7B1D15120574F9CDE7A47B59F8CE

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

July 30, 2025 1:06 pm PST

Audit

Informed Consent for Donor 16048 Jiro 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.

Page 3 of 3