Informed Consent For Donor 12900 Ephriam

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 12900 (Ephriam)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that donor has tested positive as a carrier of *Bartter Syndrome Type 3, Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, Limb-Girdle Muscular Dystrophy Type 2L and Medium Chain Acyl-CoA Dehydrogenase Deficiency*.

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 of *Bartter Syndrome Type 3, Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, Limb-Girdle Muscular Dystrophy Type 2L and Medium Chain Acyl-CoA Dehydrogenase Deficiency*. 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 of *Bartter Syndrome Type 3, Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, Limb-Girdle Muscular Dystrophy Type 2L and Medium Chain Acyl-CoA Dehydrogenase Deficiency*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 12900 (Ephriam)* that has tested positive as a carrier of of *Bartter Syndrome Type 3, Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, Limb-Girdle Muscular Dystrophy Type 2L and Medium Chain Acyl-CoA Dehydrogenase Deficiency*, 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 12900 (Ephriam)* that has tested positive as a carrier of of *Bartter Syndrome Type 3, Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, Limb-Girdle Muscular Dystrophy Type 2L and Medium Chain Acyl-CoA Dehydrogenase Deficiency*, 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):

verified by approveme

Angelo Allard

X _____ X _____

Signed By Seattle Sperm Bank
Signed On: July 6, 2023

verified by approveme

Signature Certificate

Document name: Informed Consent For Donor 12900 Ephriam

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