Informed Consent For Donor 10659 Galileo

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

Patient Initials — The undersigned patient seeks to use donated semen from **Donor 10659 (Galileo)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials — Patient understands that donor has tested positive as a carrier of *Acrodermalitis Enteropathica, Cartilage-Hair Hypoplasia, Congenital Adrenal Hyperplasia due to 21-Hyrdoxylase Deficiency and Hermansky-Pudlak Syndrome Type 4.*

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 *Acrodermalitis Enteropathica, Cartilage-Hair Hypoplasia, Congenital Adrenal Hyperplasia due to 21-Hyrdoxylase Deficiency and Hermansky-Pudlak Syndrome Type 4*. 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 *Acrodermalitis Enteropathica, Cartilage-Hair Hypoplasia, Congenital Adrenal Hyperplasia due to 21-Hyrdoxylase Deficiency and Hermansky-Pudlak Syndrome Type 4*.

Please select ONE of the following boxes:

☐ **I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 10659 (Galileo)* that has tested positive as a carrier of *Acrodermalitis Enteropathica, Cartilage-Hair Hypoplasia, Congenital Adrenal Hyperplasia due to 21-Hyrdoxylase Deficiency and Hermansky-Pudlak Syndrome Type 4*, 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 10659 (Galileo)* that has tested positive as a carrier of *Acrodermalitis Enteropathica, Cartilage-Hair Hypoplasia, Congenital Adrenal Hyperplasia due to 21-Hyrdoxylase Deficiency and Hermansky-Pudlak Syndrome Type 4*, 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: October 18, 2023

verified by approveme

Signature Certificate

Document name: Informed Consent For Donor 10659 Galileo

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LEGALLY SIGNED USING WPesignature
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October 18, 2023 12:12 pm PST	Informed Consent For Donor 10659 Galileo Uploaded by Seattle Sperm Bank - canam@seattlespermbank.com IP 172.59.105.130

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