

Informed Consent For Donor 14374 Javon

| | |
|------------------|--|
| Patient Name | ("Patient to be inseminated") hereby acknowledge and represent as follows: |
| Patient Initials | The undersigned patient seeks to use donated semen from Donor 14374 (Javon) collected by the Seattle Sperm Bank for reproductive use. |
| Patient Initials | Patient understands that donor has tested positive as a carrier of <i>Glycogen Storage Disease Type II</i> . |
| 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 <i>Glycogen Storage Disease Type II</i> . 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 <i>Glycogen Storage Disease Type II</i> . |

Please select ONE of the following boxes:

| | |
|---|---|
| <input type="checkbox"/> I DECLINE Testing | I understand the risks associated with using donor semen donated by <i>Donor 14374 (Javon)</i> that has tested positive as a carrier of <i>Glycogen Storage Disease Type II</i> , 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. |
| <input type="checkbox"/> I ACCEPT Testing | I understand the risks associated with using donor semen donated by <i>Donor 14374 (Javon)</i> that has tested positive as a carrier of <i>Glycogen Storage Disease Type II</i> , 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 <i>Angelo Allard</i> _____ |
| | Signed By Seattle Sperm Bank Signed On: May 31, 2023 |



Signature Certificate

Document name: Informed Consent For Donor 14374 Javon

Unique Document ID: 5B6B13B39E160760D9BD835634BA26A3C4D6A4B7



Timestamp

May 24, 2023 8:53 am PDT

Audit

Informed Consent For Donor 14374 Javon 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.