

# Informed Consent For Donor 10764 Ortiz

Patient Name	("Patient to be inseminated") hereby acknowledge and represent as follows:
Patient Initials	The undersigned patient seeks to use donated semen from <b>Donor 10764 (Ortiz)</b> collected by the Seattle Sperm Bank for reproductive use.
Patient Initials	Patient understands that donor has tested positive as a carrier of <i>Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20</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>Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20</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>Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20</i> .

Please select ONE of the following boxes:

<input type="checkbox"/> <b>I DECLINE Testing</b>	I understand the risks associated with using donor semen donated by <i>Donor 10764 (Ortiz)</i> that has tested positive as a carrier of <i>Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20</i> , and I have been offered genetic testing for this condition by Seattle Sperm Bank and I am choosing to <b>DECLINE</b> testing on myself for this condition.
<input type="checkbox"/> <b>I ACCEPT Testing</b>	I understand the risks associated with using donor semen donated by <i>Donor Donor 10764 (Ortiz)</i> that has tested positive as a carrier of <i>Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20</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 *Angelo Allard* \_\_\_\_\_  
Signed By Seattle Sperm Bank  
Signed On: September 3, 2024



# Signature Certificate

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