

# Informed Consent For Donor 14237 Chicago

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

Patient Initials The undersigned patient seeks to use donated semen from **Donor 14237 (Chicago)** collected by the Seattle Sperm Bank for reproductive use.

Patient Initials Patient understands that donor has tested positive as a carrier of *Cystic Fibrosis and Methylmalonic Aciduria and Homocystinuria, cbIC Type*.

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 *Cystic Fibrosis and Methylmalonic Aciduria and Homocystinuria, cbIC Type*. 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 *Cystic Fibrosis and Methylmalonic Aciduria and Homocystinuria, cbIC Type*.

Please select ONE of the following boxes:

**I DECLINE Testing**

I understand the risks associated with using donor semen donated by *Donor 14237 (Chicago)* that has tested positive as a carrier of of *Cystic Fibrosis and Methylmalonic Aciduria and Homocystinuria, cbIC Type*, 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 14237 (Chicago)* that has tested positive as a carrier of of *Cystic Fibrosis and Methylmalonic Aciduria and Homocystinuria, cbIC Type*, 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: June 15, 2023



# Signature Certificate

Document name: Informed Consent For Donor 14237 Chicago

🔒 Unique Document ID: EBABCD71C737E754B829DB6BE51CA823701C65C8

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

June 2, 2023 11:25 am PDT

## Audit

Informed Consent For Donor 14237 Chicago 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.

Page 2 of 2