



INFORMED CONSENT FOR DONOR 8534 (CASPER) SEMEN USE

_____ (“Recipient”) hereby acknowledge and represent as follows:

_____ The undersigned recipient seeks to use donated semen from Donor 8534 (Casper) collected by the Seattle Sperm Bank for reproductive use.

_____ Recipient understands that donor has tested positive for as a carrier of GJB2-related DFNB1 nonsyndromic hearing loss and deafness.

DFNB1 nonsyndromic hearing loss and deafness is an inherited condition in which a person has mild to severe hearing loss from birth. It is caused by mutations in GJB2 (which encodes the protein connexin 26) and GJB6 (which encodes connexin 30). The condition is not progressive, meaning that it does not worsen over time.

The word “nonsyndromic” refers to the fact that there are no other symptoms or systems of the body involved with the disease. Unlike some other forms of hearing loss, DFNB1 nonsyndromic hearing loss and deafness does not affect balance or movement.

The degree of hearing loss is difficult to predict based on which genetic mutation one has. Even if members of the same family are affected by DFNB1 nonsyndromic hearing loss and deafness, the degree of hearing loss may vary among them.

In the United States, the United Kingdom, France, Australia, and New Zealand, approximately 14 in 100,000 people have DFNB1 nonsyndromic hearing loss and deafness. Roughly 1 in 33 people are carriers of the mutation that causes the condition.



_____ Recipient is aware of the aforementioned exceptions and genetic disease risks associated with each.

_____ Recipient agrees to personally assume all risks associated with Recipient's use of semen samples donated by a Donor that has tested positive as a carrier of GJB2-related DFNB1 nonsyndromic hearing loss and deafness. Recipient 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 Recipient's use of donor semen donated by Donor that has tested positive as a carrier for GJB2-related DFNB1 nonsyndromic hearing loss and deafness.

Date

Recipient's Signature

Date

Recipient's Partner's Signature (if applicable)

Statement of Physician

I am the physician for the above-named Recipient and will be performing Artificial Insemination for Recipient using the above-referenced Donor semen. I am aware of the donor's positive carrier status as listed above. I have advised Recipient of the risks associated with the use of this Donor's semen, and consent to Recipient's use of semen from donor 8534 (Casper).

Date

Physician's Signature

Printed Name: _____

Address: _____