



**INFORMED CONSENT FOR DONOR 9929 (LARRY) SEMEN USE**

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

\_\_\_\_\_ The undersigned recipient seeks to use donated semen from Donor 9929 (Larry) collected by the Seattle Sperm Bank for reproductive use.

\_\_\_\_\_ Recipient understands that donor has tested positive for as a carrier of Hexosaminidase A Deficiency (Including Tay Sachs Disease)

Hexosaminidase A Deficiency (Including Tay Sachs Disease): This means that the risk of a child resulting from this donor having Hexosaminidase A Deficiency (Including Tay Sachs Disease) is approximately 1/1200 per pregnancy as opposed to 1/360,000 in the background population. A child from donor 9929 has a 50% risk of inheriting this mutation Hexosaminidase A Deficiency (Including Tay Sachs Disease) is inherited in an autosomal recessive pattern. This means that the disease can only occur if the mother is also a carrier.

Hexosaminidase A deficiency is an enzyme deficiency that causes brain and other nerve cells to die, which can lead to severe neurological and mental problems.

Hexosaminidase A (HEX A) deficiency is caused by a deficiency in an enzyme called beta-hexosaminidase A. This enzyme helps break down a particular fatty acid called GM2 ganglioside. Without adequate amounts of functional enzymes, GM2 ganglioside will build up in nerve cells and cause them to die.

There are several forms of HEX A deficiency, including acute infantile (Tay-Sachs disease), juvenile, chronic, or adult-onset forms.



\_\_\_\_\_ 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 Hexosaminidase A Deficiency (Including Tay Sachs Disease). 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 of Hexosaminidase A Deficiency (Including Tay Sachs Disease).

\_\_\_\_\_  
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 9929 (Larry).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_