



INFORMED CONSENT FOR DONOR 10065 (GAVIN) SEMEN USE

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

_____ The undersigned recipient seeks to use donated semen from Donor 10065 (Gavin) collected by the Seattle Sperm Bank for reproductive use.

_____ Recipient understands that donor has tested positive for as a carrier of Alpha Thalassemia

_____ 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 Alpha Thalassemia. 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 Alpha Thalassemia

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 10065 (Gavin).

Date

Physician's Signature

Printed Name: _____

Address: _____
