Seattle Sperm Bank

INFORMED CONSENT FOR DONOR 12031 (SEYMOUR) SEMEN USE

_____ ("Recipient") hereby acknowledge and represent as follows:

_____ _____ The undersigned recipient seeks to use donated semen from Donor 12031 (Seymour) collected by the Seattle Sperm Bank for reproductive use.

_____ _____ Recipient understands that donor has tested positive for as a carrier of Achromatopsia and Pendred Syndrome

_____ _____ 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 Achromatopsia and Pendred Syndrome. 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 Achromatopsia and Pendred Syndrome.

_____ _____

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 12031 (Seymour).

_____ _____

Date Physician's Signature

Printed Name:_____

Address:_____

_____