

Informed Consent for donor 10162 (Roy) semen use

("Patient to b	be inseminated") hereby acknowledge and represent as follows:
The undersigned Seattle Sperm Bank for reproduc	patient seeks to use donated semen from Donor 10162 (Roy) collected by the ctive use.
Patient understan Familial Mediterranean Fever.	ds that donor has tested positive as a carrier of Hereditary Fructose Intolerance and
Patient is aware of	of the aforementioned exceptions and genetic disease risks associated with each.
donated by a Donor that has test Mediterranean Fever. Patient here employees, attorneys, insurers, a and all outcomes, whether curre donor semen donated by Donor Mediterranean Fever.	personally assume all risks associated with Patient's use of semen samples sed positive as a carrier of Hereditary Fructose Intolerance and Familial by releases Seattle Sperm Bank and its current and former officers, directors, agents and representatives of any liability or responsibility whatsoever for any ntly known, suspected, unknown or unsuspected, arising out of Patient's use of that has tested positive as a carrier of Hereditary Fructose Intolerance and Familial
	patient in ONE of the following boxes.
tested positive as a carrie	ociated with using donor semen donated by Donor 10162 Roythat has a rof Hereditary Fructose Intolerance and Familial Mediterranean Fever, and I be testing for this condition by Seattle Sperm Bank and I am choosing to exself for this condition.
tested positive as a carrier have been offered genetic	ociated with using donor semen donated by Donor 10162 Roy that has a of Hereditary Fructose Intolerance and Familial Mediterranean Fever, and I stesting for this condition and have chosen to have myself screened for ed by Seattle Sperm Bank through the use of Counsyl genetic testing.
Date	Patient's Signature
Date	Patient Partner's Signature (if applicable)

F4.008 V11Jul17 Informed Consent