

SPERM DONOR GENETIC TEST RESULTS

Donor # 6008

DONOR CARRIER STATUS

I have received the genetic test results for this donor, and he is known to carry a mutation for the following recessive condition(s): **Deafness, Autosomal Recessive 77 (LOXHD1); Gaucher Disease (GBA)**

FAIRFAX CRYOBANK HAS ADVISED ME:

I should discuss the donor’s test results with the doctor who will perform my fertility procedure, or a genetic counselor, to help me interpret the results and determine whether, and what kind of, genetic testing is appropriate for me (or my egg donor).					
If the biological parents’ genetic test results indicate that they are not carriers for the same recessive condition, then the risk that the resulting child will have that condition is significantly reduced. The risk cannot be eliminated entirely, as no genetic test is 100% accurate.					
Carriers of mutations in the GBA gene are at 5.5 to 7-fold increased risk above the general population risk to develop Parkinson disease. The incidence of Parkinson's Disease in the general population for those over 65 is 0.2%. Being a carrier for GBA increases the risk to about 1.4%. The overwhelming majority of patients who carry GBA mutations do not develop Parkinson disease. I have seen this comment in the donor’s genetic test summary and had the chance to discuss it with a genetic counselor and/or my fertility doctor.	<table border="1"> <tr> <th colspan="2" style="background-color: #e91e63; color: white;">ACKNOWLEDGMENT</th> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Intended Parent Initial</td> </tr> </table>	ACKNOWLEDGMENT			Intended Parent Initial
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If both biological parents are carriers for the same recessive condition, then any resulting child is at increased risk for having that condition. Fairfax Cryobank strongly recommends that I (or my egg donor) have carrier testing for the genetic condition(s) listed above, which can be ordered by my doctor.	<table border="1"> <tr> <th colspan="2" style="background-color: #e91e63; color: white;">ACKNOWLEDGMENT</th> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Intended Parent Initial</td> </tr> </table>	ACKNOWLEDGMENT			Intended Parent Initial
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Genetic counseling may be available through my doctor’s office. There is a list of independent genetic counselors available at www.nsgc.org .					
I have the option to seek a full refund of what I paid for vials from this donor for up to 45 days after purchase as long as vials have not been shipped or picked up. I also have the option to exchange the vials for another donor at any time as long as the vials have not been shipped or picked up; if I select more expensive vials, then I will be charged for the difference. Once donor sperm has left Fairfax Cryobank, it cannot be exchanged or returned for a refund or credit.					

I HAVE READ AND UNDERSTOOD THIS DOCUMENT:

SIGNATURE	
Intended Parent/Client Signature	Date
Printed Name of Intended Parent/Client	
Complete Home address	Date of Birth

Fairfax Cryobank, Inc. must receive this completed form prior to shipping sperm from this donor.