Fairfax Cryobank

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# SPERM DONOR GENETIC TEST RESULTS
## Donor # 5905

## 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): **Pendred Syndrome (SLC26A4)**

## FAIRFAX CRYOBANK HAS ADVISED ME:

| | ACKNOWLEDGMENT |
|---|---|
| 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. | |
| **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.** | Intended Parent Initial |
| 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.