



SPERM DONOR GENETIC TEST RESULTS Donor # 7222

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): Alpha-thalassemia (HBA1/HBA2) a-/a-

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.			
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.		ACKNOWLEDGMENT	
		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			

I HAVE READ AND UNDERSTOOD THIS DOCUMENT:

returned for a refund or credit.

SIGNATURE		
ended Parent/Client Signature	Date	
nted Name of Intended Parent/Client		
mplete Home address	Date of Birth	

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