



**PATIENT RELEASE FOR DONOR GENETIC MATCHING**

I, \_\_\_\_\_, have consulted with my physician concerning the use of Donor 514 and his genetic profile (see below). I understand that it is solely my responsibility to seek genetic counseling as well as genetic testing. By using donor 514 for purposes of therapeutic insemination/IVF, I hereby release Midwest Sperm Bank from all liability claims associated with the use of Donor 514.

Signature of Client: \_\_\_\_\_

Date:   /  /  

Signature of Medical Director: \_\_\_\_\_

Date:   /  /  

Donor # 514 is a carrier for the recessive disorder of

HEREDITARY FRUCTOSE INTOLERANCE

which has a reproductive risk of 1 in 320.

CALPAINOPATHY

which has a reproductive risk of 1 in 530.

\_\_\_\_\_ which has a reproductive risk of 1 in \_\_\_\_\_.