



SPERM DONOR GENETIC TEST RESULTS Donor # 6292

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): Non-Syndromic Hearing Loss (GJB2-Related); Spinal Muscular Atrophy (SMN1); Stargardt Disease (ABCA4)-risk allele identified.

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		ACKNOWLEDGMENT	
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 READ AND UNDERSTOOD THIS DOCUMENT:

returned for a refund or credit.

SIGNATURE		
Intended Parent/Client Signature	Date	
Printed Name of Intended Parent/Client		
Complete Home address	Date of Birth	
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Fairfax Cryobank, Inc. must receive this completed form prior to shipping sperm from this donor.