cryobio

Additional Agreement to Use Donor PC 1110

I, (_____ (Recipient), and _____ (Partner, if applicable)), specifically request and accept frozen semen from Cryobio donor PC 1110. I understand that this Additional Agreement is an additional part of the Sperm Use Agreement specific to donor PC 1110. PC 1110 had expanded carrier screening to determine their carrier status for 283 recessive genetic conditions. Please note that Cryobio thoroughly evaluates each donor's results and assesses potential risks of any identified results before allowing donors to remain in our donor program.

I have reviewed genetic test results on this sperm donor, and I understand that donor PC 1110 has been found to be a carrier of the following recessive genetic condition:

Tay-Sachs disease

Purpose of genetic carrier screening: Carriers of genetic conditions have changes, called pathogenic variants or mutations, in a specific (or multiple) gene(s). Most of the genetic conditions that the Cryobio donors are tested for are inherited in an autosomal recessive pattern (see Figure 1). Typically, we all have two copies of every gene---one from the egg source and one from the sperm source. Autosomal recessive conditions require a mutation in both copies of the same gene in order for it to cause the condition. Therefore, individuals who carry just one mutation in a gene that causes recessive genetic conditions are 'carriers' of that specific condition. Carriers of most of the genetic conditions Cryobio donors are tested for do not typically show symptoms of the condition, i.e., they are asymptomatic, although there are rare exceptions. Most individuals are carriers for at least one if not multiple recessive genetic conditions.

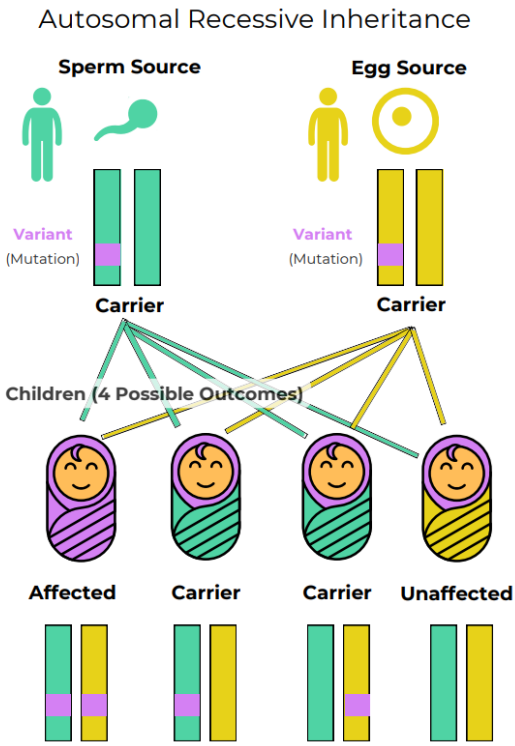

Figure 1. Graphic representing autosomal recessive inheritance of two carrier gametes.

Carrier status is helpful to know because if both the egg source and the sperm source are carriers for pathogenic variants or mutations in the same gene, then there is a 1 in 4 chance of the resulting child having that specific condition; a 2 in 4 chance of the resulting child being a carrier for that specific condition; and a 1 in 4 chance of the resulting child being neither a carrier or having that specific condition. Some of the conditions Cryobio donors are tested for have genotype-phenotype correlation, meaning that specific genetic pathogenic variations (the genotype) in a specific gene can be predictive of the type/specific features of a condition that may present in the individual (the phenotype), but not all do. Additionally, some of the genes can be linked to dominant conditions, meaning having a mutation in just one gene may increase the risk of a specific condition. If a specific change in a gene is linked to a dominant condition, it will be noted in this consent form.

Tay-Sachs disease (*HEXA* gene): Tay-Sachs disease is a genetic disease caused by changes, called pathogenic variations or mutations, in the *HEXA* gene. Tay-Sachs disease is inherited in an autosomal recessive inheritance pattern. Individuals of all ethnicities can be carriers for Tay-Sachs disease, but it

tends to be more common in people with Ashkenazi Jewish, French Canadian, and Irish biological relatives. Carriers of Tay-Sachs disease do not have symptoms.

There are three main forms of Tay-Sachs disease, which vary in both the degree of symptoms and age of onset.

- The most common/ "classic" form of Tay-Sachs disease is the infantile type. Signs and symptoms occur around 3-6 months of age. Tay-Sachs disease is characterized by progressive weakness/loss of coordination, seizures, difficulty swallowing, and poor lung function. Patients have rapid deterioration of their vision leading to blindness, and also have severe intellectual disabilities. As symptoms become worse, individuals typically enter a vegetative state, where they are paralyzed and unaware of their surroundings. Individuals typically die when they are 3 to 5 years of age.
- The subacute (or juvenile) form has similar signs and symptoms as the infantile form, but at later onset. Subacute Juvenile Tay-Sachs disease onsets when a person is between 2 and 5 years old. Individuals typically die when they are between 10 and 15 years of age.
- The adult-onset or chronic form is typically characterized by progressive muscle loss and weakness, difficulty speaking, and defects in memory and executive function, but progression is subtle at first and occurs slowly over decades. Psychiatric symptoms are often one of the first presentations. In the adult-onset form, the age the disease occurs, the actual signs and symptoms, and the severity of disease will all vary by patient. However, patients with adult-onset survive well into adulthood, some with mainly neuromuscular complaints.

Genotype-phenotype correlation has been observed, meaning specific genetic pathogenic variations (the genotype) in the *HEXA* gene can be predictive of the type of Tay-Sachs disease that may present in the individual (the genotype). However, more than 90% of all disease-causing pathogenic variants in the *HEXA* gene result in the most severe infantile form of Tay-Sachs disease.

Carrier status frequency: Carrier status frequency is the chance of an individual being a carrier for a genetic condition, based on general population risks or based on ethnicity, prior to any genetic screening. If an individual tests negative as a carrier for a condition or conditions, then the chance of being a carrier is significantly decreased. There is still remaining risk called residual risk. Residual risk means the risk of being a carrier even after negative genetic testing for a condition. Residual risk data on the conditions the donor tested negative for can be requested from Cryobio. The carrier frequency provided is from the test provider. As with all genetic information, these carrier frequency numbers may change over time, and may slightly vary from lab to lab depending on the data used to curate them. Therefore, the carrier frequencies from this additional agreement are based on the numbers available from the performing laboratory on the date the donor's test results were reviewed by the lab.

Tay-Sachs disease (*HEXA* gene) carrier status frequency in different ethnicities, from SEMA4:

Worldwide	1 in 111
African	1 in 147
Ashkenazi Jewish	1 in 31
East Asian	1 in 191
Finnish	1 in 401
European (Non-Finnish	1 in 87
Native American	1 in 219
South Asian	1 in 251

Recommendation: Recommendation: Cryobio recommends that the recipient, or egg source if different than recipient, be tested for Tay-Sachs disease (*HEXA* gene) carrier status and consider genetic

counseling. Please contact Cryobio with any questions or to arrange genetic counseling. Genetic counseling services can also be found through the National Society of Genetic Counselors. We also strongly recommend that you discuss the donor's genetic carrier status results with your health care provider. Finally, we recommend that any future child be notified of this donor's carrier status once they are of reproductive age, as even if they do not have a recessive disease, they could be a carrier and their carrier status could help them identify risks related to their own reproductive future.

Cryobio has advised me of the following:	Please initial to show your understanding and agreement:
The donor I have chosen has positive results from genetic testing looking at carrier status for 283 genes. These results indicate that the donor is a carrier for Tay-Sachs disease.	Initials: _____ Initials: _____
This genetic condition is inherited as a recessive pattern. This means that if both the egg source and the sperm source are carriers for the same condition, there is a significantly higher chance of the resulting child having that genetic condition.	Initials: _____ Initials: _____
By the donor testing positive for carrier status for Tay-Sachs disease, the risk to a resulting child would now be higher than that of the general population.	Initials: _____ Initials: _____
When an individual tests negative for carrier status, it does not completely eliminate their chance of being a carrier for that condition, however their remaining risk is greatly reduced. This remaining risk is called residual risk, and the residual risk can vary significantly from person to person. For more detailed information regarding the sensitivity of testing and remaining risk after negative screening, please contact Cryobio.	Initials: _____ Initials: _____
As genetic testing evolves and more data becomes available, I understand that there is the possibility of updated genetic information that may be uncovered for this donor for a variety of reasons. It is my responsibility to check back with Cryobio to see if any new genetic information is available for this donor.	Initials: _____ Initials: _____
Genetic testing for me (or the egg source, if different) can also be done to better understand and further reduce the risk to offspring.	Initials: _____ Initials: _____
Genetic testing is *strongly recommended* for me (or the egg source, if different) to see if I am a carrier for Tay-Sachs disease (*HEXA* gene).	Initials: _____ Initials: _____
Expanded genetic carrier screening is continuing to evolve, and at the time this donor entered the program this was the screening available. This donor had genetic testing with SEMA4 in 2021. My health care provider may recommend an expanded carrier screen that includes/included more than the 283 genes screened for in this donor. It is my responsibility to	Initials: _____ Initials: _____

share this information with my health care provider and review the risks and benefits of being screened for more (or fewer) genetic conditions.	
The genetic testing done on the donor does *not* screen for all known genetic conditions.	Initials: _____ Initials: _____
While genetic testing can lower the likelihood for certain genetic conditions, no amount of genetic testing can guarantee that a child will be free of all genetic conditions.	Initials: _____ Initials: _____
Genetic counseling is available to me if I have additional questions regarding these test results and potential risks.	Initials: _____ Initials: _____
Both the donor's carrier status and whether the donor is acceptable for my use should be discussed with my health care provider.	Initials: _____ Initials: _____

I have read the above material and assume the risk of using donor sperm from a donor who has been found to be a carrier of a genetic condition. I am making the choice to use donor sperm from donor PC 1110 willingly and agree to release any legal claims, including negligence, that may arise from or are related to insemination or assisted reproduction using donor sperm from donor PC 1110.

I have read and had the chance to ask questions, and I understand and agree to the terms of this Additional Agreement to use donor PC 1110.

_____

Recipient Date Email

_____

Partner, if applicable Date Email

William C. Baird, PhD, HCLD 02-15-2021

Cryobio Date