

Updated medical information on the donor and his family (if applicable) can be found at fairfaxcryobank.com/prs-donor-updates

DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 9759

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

PART IV – DONOR AND FAMILY MEDICAL HISTORY

This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

Please sign and date the statement on page 12.

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. **DO NOT USE PENCIL: USE BLUE OR BLACK INK**
2. **FORMS IN PENCIL WILL NOT BE ACCEPTED!**
3. **Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.**
4. **Do not put your name anywhere on this form, except your signature on page 12.**
5. **Do not list the city as place of birth for you or family members. List state only (or country if not US born).**

Donor ID# 9759

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 27	2. Today's Date: 01/30/2014	3. Place of Birth (State or Country only): Washington D.C.	
4. Mo./Yr of Birth: 07/1986	5. Height: 5'10"	6. Weight: 160	7. Eye Color: Hazel
8. Hair Color: Brown		10. Freckles: (None) Numerous	
9. Hair (circle that apply): Balding Thin Average Thick Curly Wavy (Straight)			
11. Skin Color: (Fair) Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark			
12. Are you: Left Handed (Right Handed) Ambidextrous			
13. Are you a twin? Yes (No) Are there twins in your family? Yes (No) If yes are they: Identical Fraternal			
14. Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other			
15. Mother's Ethnicity: 1. American 2. Polish 3. 4.			
16. Father's Ethnicity: 1. American 2. Irish 3. 4.			
17. Circle any group from which you descend: African Jewish Mediterranean (Irish American) Middle Eastern Cajun French/Canadian			
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic			

PART 1B – EDUCATION AND CAREER

1. Occupation: Student	2nd Occupation:
2. What was your high school GPA? 3.2	3. Are you currently in college? (Yes) No
College/University GPA: 3.4	Degree: BA
Post Graduate GPA:	Major: Psychology
4. What are your career goals? I want to become a licensed Marriage & Family Therapist, graduate with a Doctorate and start my own practice.	

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: Fair: 'B' average in High school and college	
2. Mechanical Ability: 3 years experience as a helicopter mechanic in the Navy	
3. Athletic Ability: Long distance runner, soccer, basketball, baseball, and football	
4. Musical Ability: Vocalist - trained in musical theatre	
5. Foreign Language Ability: Learning Spanish	
6. Artistic Ability: I write songs and poems	
7. Special hobbies, talents and interests: Theatre, film, comedy, hiking	
8. Favorite Sport: Fútbol/Fútbol Americano	9. Favorite Food: Italian
10. Favorite Color: Blue	11. Favorite Pet: Labrador Retriever
12. Favorite Movie: The Blues Brothers	13. Favorite Book or Author: The Grapes of Wrath
14. Favorite Music and/or Group(s): All genres of music / The Doors & HIM	
15. Where would you like to travel and why? I would like to travel to Ireland to get a chance to see where my Great Great grandparents came from, and to enjoy site seeing of some of the most beautiful countryside in the world. And, I hear the golf links are amazing.	

Interviewer Comments: _____

Donor ID# **9759**

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? **Funny, outgoing, confident, humble**
2. Do you consider yourself to be more: ☐ Analytical/Rational or ☒ Intuitive/Feeling ☐ Extrovert or Introvert
3. Why do you want to be a donor?
All I have ever wanted to do was make people laugh and bring them joy. The best feeling in the world to me is knowing that I did something to bring happiness to others.
4. Who do you most admire and why?
I admire my mother for being the strong woman she has through much adversity in recent years. She taught me how to love and to stand up for myself. My mother is not just my mother, she is my best friend.

PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)

1. Do you have any children? Yes ☒ No ☐ If Yes, please complete the following below:

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

2. Have you been responsible for any other pregnancies? Y ☒ N ☐ If yes, what year(s) did they occur? _____

3. DONOR'S FATHER Yr of Birth: **1958** Place of Birth: **Maryland** Eye Color: **Brown** Hair Color: **Black**

Describe Hair: Balding Thin Average ☒ Thick Curly Wavy Straight Height: **5'11"** Weight: **225**

Complexion: ☒ Fair Medium Olive Light/Brown Medium/Brown Dark/Brown Freckles: Yes ☒ No

Bone Structure: Small ☒ Medium Large Very Large Vision: Excellent ☒ Good Fair Poor

Occupation: **Private Contractor** Education: **High School Diploma**

Special skills or characteristics: **Artistic, Good Photographer**

List any past or present significant health problems: **None**

Is he more (circle one in each column): Optimistic ☒ Pessimistic ☐ Assertive ☒ Passive ☐ Leader ☒ Follower ☐ Easy Going ☒ Controlling ☐

4. DONOR'S MOTHER Yr of Birth: **1963** Place of Birth: **Washington D.C.** Eye Color: **Brown** Hair Color: **Brown**

Describe Hair: Balding Thin Average Thick Curly Wavy ☒ Straight Height: **5'4"** Weight: **145**

Complexion: ☒ Fair Medium Olive Light/Brown Medium/Brown Dark/Brown Freckles: Yes ☒ No

Bone Structure: Small ☒ Medium Large Very Large Vision: Excellent ☒ Good Fair Poor

Occupation: **Transportation Department** Education: **High School Diploma**

Special skills or characteristics: **Lucky art contests ☺**

List any past or present significant health problems: **None**

Is she more (circle one in each column): Optimistic ☒ Pessimistic ☐ Assertive ☒ Passive ☐ Leader ☒ Follower ☐ Easy Going ☒ Controlling ☐

Interviewer Comments: _____

Donor ID# **9759**

5. DONOR'S SIBLING (M) F	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: 1991	Eye Color: Green	Hair Color: Blonde				
Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight			Height: 6'2"	Weight: 195				
Complexion: (Fair) Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes (No)					
Bone Structure: Small (Medium) Large Very Large			Vision: Excellent (Good) Fair Poor					
Occupation: Construction			Education: High School Diploma					
Special skills or characteristics: Athletic								
List any past or present significant health problems: None								
Is (s)he more (circle one in each column): (Optimistic) /Pessimistic (Assertive) /Passive (Leader) /Follower (Easy Going) /Controlling								
6. DONOR'S SIBLING M (F)	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: 1992	Eye Color: Blue	Hair Color: Blonde				
Describe Hair: Balding Thin Average Thick Curly Wavy (Straight)			Height: 4'11"	Weight: 115				
Complexion: (Fair) Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes (No)					
Bone Structure: (Small) Medium Large Very Large			Vision: Excellent (Good) Fair Poor					
Occupation: Full-time student / Runs a daycare			Education: Some College / in General Studies					
Special skills or characteristics: Athletic, Really smart								
List any past or present significant health problems: None								
Is (s)he more (circle one in each column): (Optimistic) /Pessimistic (Assertive) /Passive (Leader) /Follower (Easy Going) /Controlling								
7. GRANDPARENTS (Please circle only one for appropriate columns)								
	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	Pennsylvania		Brown	Green	G F P	63	Lung Cancer	
MGF	Washington D.C.	85	Brown	Brown	(G) F P			None
PGM	Washington D.C.	85	Brown	Brown	(G) F P			None
PGF	Pennsylvania		Brown	Blue	G F P	83	Natural	

PART 3 – DONORS PERSONAL MEDICAL HISTORY (Please circle choice)

1. What is your general state of health?	(Excellent)	Good	Fair	Poor
2. Do you have any current problems with any of the following?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> yes	(circle all that apply):	
Skin Mouth Ears Throat Breasts Lungs Heart Stomach Intestines Kidney Bladder Nervous System Blood				
Eyes Bowel Liver Bones Muscles Blood Vessels Immune System Endocrine system				
3. Have you ever been hospitalized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain: Work-related incident in the Navy.	

Interviewer Comments: _____

Pacific Reproductive Services

444 DeHaro Street, Suite 222
 San Francisco, CA 94107
 Tel: (415) 487-2288

65 N. Madison Ave. Suite 610
 Pasadena, CA 91101
 Tel: (626) 432-1681

Email: info@pacrepro.com

ADDITIONAL SIBLINGSDonor ID #: **9759**

DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F	Half- Sibling <input checked="" type="checkbox"/>	Yr of Birth: 1995	Eye Color: Brown	Hair Color: Brown
Describe Hair: Balding Thin Average Thick Curly Wavy Straight			Height: 6'0"	Weight: 150
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No	
Bone Structure: Small Medium Large Very Large			Vision: Excellent Good Fair Poor	
Occupation: Customer Service			Education: High School Diploma	
Special skills or characteristics: Plays the piano, guitar, and sings				
List any past or present significant health problems: None				
Is (s)he more (circle one in each column): Optimistic /Pessimistic Assertive /Passive Leader /Follower Easy Going /Controlling				

DONOR'S SIBLING <input type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:
Describe Hair: Balding Thin Average Thick Curly Wavy Straight			Height:	Weight:
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No	
Bone Structure: Small Medium Large Very Large			Vision: Excellent Good Fair Poor	
Occupation:			Education:	
Special skills or characteristics:				
List any past or present significant health problems:				
Is (s)he more (circle one in each column): Optimistic/Pessimistic Assertive/Passive Leader/Follower Easy Going/Controlling				

DONOR'S SIBLING <input type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:
Describe Hair: Balding Thin Average Thick Curly Wavy Straight			Height:	Weight:
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No	
Bone Structure: Small Medium Large Very Large			Vision: Excellent Good Fair Poor	
Occupation:			Education:	
Special skills or characteristics:				
List any past or present significant health problems:				
Is (s)he more (circle one in each column): Optimistic/Pessimistic Assertive/Passive Leader/Follower Easy Going/Controlling				

Interviewer Comments: _____

Donor ID# 9759

PART 3 – DONORS PERSONAL MEDICAL HISTORY Cont'd

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal)

☐ Yes ☒ No

If yes please provide the following information:

<u>Year</u>	<u>Hospital</u>
1990	1
1991	1
1992	1
1993	1
1994	1
1995	1
1996	1
1997	1
1998	1
1999	1
2000	1
2001	1
2002	1
2003	1
2004	1
2005	1
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2031	1
2032	1
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2041	1
2042	1
2043	1
2044	1
2045	1
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2089	1
2090	1
2091	1
2092	1
2093	1
2094	1
2095	1
2096	1
2097	1
2098	1
2099	1
2100	1

Type of Problem/Surgery

5. Do you have any allergies to drugs, food, or environment, such as hay fever? ☐ Yes ☒ No ☐ Unsure

6. Are you taking any non-prescription medications, including vitamins? ☒ No ☐ Yes Please list any you are currently taking and for how long.

7. Are you taking any prescription medications? ☒ No ☐ Yes Please list any you are currently taking and for how long.

8. Do you use any performance enhancing drugs, including steroids? ☐ Yes ☒ No If so, please list:

9. Do you wear glasses? ☐ Yes ☒ No

How is your vision w/o glasses? Excellent Good Fair Poor

10. Are you: ☐ Nearsighted or ☐ Farsighted Your vision is: 20/ 20 ☐ Unsure

11. Do you have any hearing problems? ☐ Yes ☒ No If yes, please explain:

12. What is the condition of your teeth? Excellent Good Fair Poor How is your diet? Good Fair Poor Vegetarian

13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never

14. Describe your exercise routine: Switch between upper body and lower body workouts every other day, with one run day and one rest day

15. Have you ever had a serious or prolonged illness? ☐ Yes ☒ No If yes, please explain:

16. Do you take hot baths, hot tubs, saunas or steam baths? ☐ Daily ☐ Weekly ☒ Infrequently

17. Do you use any of the following? ☐ Yes ☒ No If yes, please complete the following information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other_____		

18. Do you smoke? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How long have you smoked?	If yes how many per day?
---------------------------------------------------------------------------------------	---------------------------	--------------------------

19. Do you drink coffee? ☒ Yes ☐ No If yes, how many cups per day? 2 How many alcoholic drinks do you consume in a week? 4 Per Month? 16

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? ☐ Yes ☒ No

If yes, please explain:

Interviewer Comments: _____

Donor ID# 975921. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies: ☒ Yes ☐ No

If yes:	Type	When	How Often	For How Long
Toxic Chemicals	Jet Fuel	In the Navy 2006-2008	Everyday	2 years
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicide Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

Please indicate how many of each of the following relatives you have:

Sibling-Brother	<u>0</u>	Aunt-Maternal	<u>0</u>	Cousin-Maternal-Female	<u>1</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>2</u>	Cousin-Maternal-Male	<u>1</u>
Half-Brother	<u>2</u>	Uncle-Maternal	<u>1</u>	Cousin-Paternal-Female	<u>18</u>
Half-Sister	<u>1</u>	Uncle-Paternal	<u>7</u>	Cousin-Paternal-Male	<u>12</u>

Are there any known genetic diseases that run in your family? ☐ Yes ☒ None Known

Please indicate which of the following medical problems you or your blood relatives have had to the best of your knowledge. Please check "No One" for each medical problem listed above which has not affected you or any of your family members.

A	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Cleft Lip, palate														✓
2	Club Feet														✓
3	Extra fingers and toes														✓
4	Down Syndrome														✓
5	Mental Retardation														✓
6	Unexplained infant or childhood deaths														✓
7	Multiple family members with same trait disease														✓
8	Individuals much shorter/taller than rest of family														✓
9	Individuals who look unusual or different														✓
10	Multiple miscarriages														✓
11	Stillbirths														✓
12	Other birth defects (even if correctable)														✓

Interviewer Comments: _____

Donor ID# **9759**

	Medical Problem	You	M	F	Sibling	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles	A	U	Cousins	M	F	None Known
B	Skin Problems																	
1	Adult Acne (not teen pimples)																	✓
2	Eczema																	✓
3	Psoriasis																	✓
4	Skin Cancer (Melanoma)																	✓
5	Skin Cancer (Basal Cell Carcinoma)								✓									
6	Other Skin disorders																	✓
C	Sight/Sound/Smell																	
1	Deafness before age 60																	✓
2	Significant hearing loss																	✓
3	Deformity of the ear																	✓
4	Strabismus																	✓
5	Cataracts before age 60																	✓
6	Macular Degeneration																	✓
7	Blindness																	✓
8	Color Blindness																	✓
9	Glaucoma																	✓
10	Anosmia (Lack of Smell)																	✓
11	Other sight/sound/smell disorders																	✓
D	Mental or Neurological																	
1	Migraines																	✓
2	Senility before 50																	✓
3	Alzheimer's diseases (age of onset)																	✓
4	Parkinson's																	✓
5	Multiple sclerosis																	✓
6	Cerebral palsy																	✓
7	Autism/Mental Retardation																	✓
8	Epilepsy or seizure																	✓
9	Stroke																	✓
10	Progressive Muscular Disorders																	✓

Interviewer Comments: R(#5) Donor reports MCA, living @ 85y/o
was diagnosed with skin cancer at ~60y/o. Lesion
removed, no recurrence. - OB

Donor ID# 9759

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
D	Mental or Neurological Cont'd														
11	Learning Difficulties/ Special Ed/Speech Delay														✓
12	Sleep Disorders														✓
13	Attention Deficit Hyperactivity Disorder (ADHD)														✓
14	Hydrocephalus (Fluid on the brain)														✓
15	Disorder of the spinal cord														✓
16	Huntington's disease														✓
17	Degenerative Nerve Disorders														✓
18	Neurofibromatosis														✓
19	Neural tube defect														✓
20	Other diseases of the nervous system														✓
	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
E	Heart Problems or Circulatory														
1	Heart defects at birth														✓
2	Heart disease														✓
3	Heart attack (age of onset)														✓
4	High Cholesterol														✓
5	High Blood Pressure														✓
6	Cardiomyopathy														✓
7	Sudden Death														✓
	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
F	Blood Problems														
1	Anemia														✓
2	Sickle-Cell anemia														✓
3	Hemophilia or other bleeding problems														✓
4	Polycythemia														✓
5	Blood Clots														✓
6	Other blood disorder														✓
	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
G	Respiratory (Lungs)														
1	Hay Fever														✓
2	Asthma														✓

Interviewer Comments: _____

Donor ID# 9759

	Medical Problem			Sibling		Grandparents				Aunts/Uncles		Cousins			
G	Respiratory (Lungs) Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
3	Tuberculosis														✓
4	Lung cancer						✓								
5.	Emphysema or Chronic Lung Disease														✓
6	Other lung disease														✓
	Medical Problem			Sibling		Grandparents				Aunts/Uncles		Cousins			
H	Metabolic, Endocrine, or Autoimmune	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)														✓
2	Type II Diabetes (Adult Onset)														✓
2	Thyroid cancer														✓
3	Thyroid disease														✓
4	Goiter														✓
5	Adrenal dysfunction or disorder														✓
6	Other														✓
	Medical Problem			Sibling		Grandparents				Aunts/Uncles		Cousins			
I	Gastro-intestinal Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Ulcer or stomach or duodenum														✓
2	Gallstones														✓
3	Other liver disease														✓
4	Colon cancer														✓
5	Intestinal cancer														✓
6	Ulcerative colitis														✓
7	Crohn's disease														✓
8	Any other disease/problem of digestive system														✓
	Medical Problem			Sibling		Grandparents				Aunts/Uncles		Cousins			
J	Urinary Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Kidney disease														✓
2	Bladder Cancer														✓
3	Kidney Cancer														✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)														✓
5	Other, including born with one kidney or kidney failure														✓

Interviewer Comments: H (#4) - MCM diagnosed with Lung Cancer,
donor reports heavy smoker. #13

Donor ID# 9759

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
K	Problems of the Genital or Reproductive System														
1	Abnormally placed urethra (Hypospadias)														✓
2	Premature Menopause or Ovarian Failure														✓
3	Fragile X Syndrome														✓
	Multiple Miscarriages														✓
3	Uterine fibroids														✓
4	Ovarian cysts														✓
5	Cancer of cervix, ovaries or uterus														✓
6	Ambiguous genitals (hermaphrodite)														✓
7	Other														✓
	Medical Problem														
M	Cancers														
1	Early onset cancer (before age 50)														✓
2	Breast cancer														✓
3	Ovarian Cancer														✓
4	Colon Cancer														✓
5	Lung Cancer						✓								
6	Brain Cancer														✓
7	Prostate Cancer														✓
8	Pancreatic Cancer														✓
9	Leukemia														✓
10	Lymphoma														✓
11	Any family member with more than one type of cancer														✓
12	Other cancer (Describe)														✓
	Medical Problem														
L	Mental Health Problems														
1	Schizophrenia														✓
2	Manic-depressive illness (Bi-Polar)														✓
3	Other mental health disorder requiring hospitalization														✓
4	Severe depression with period of inability to function														✓

Interviewer Comments: M(#5) see page 9. -lbz

Donor ID# 9759

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles	Cousins	None Known
N	Problems of the Muscle, Bones, or Joints												
1	Muscular dystrophy												✓
2	Degenerative Muscle Disorders												✓
3	Lupus												✓
4	Scoliosis												✓
5	Spina bifida												✓
6	Osteoporosis												✓
7	Arthritis (rheumatoid osteo, unknown type)												✓
8	Gout												✓
9	Other musculoskeletal disease												✓
10	Other chronic muscle disease												✓
O	Other Disorders												
1	Alcoholism												✓
2	Drug abuse, misuse, or addiction			✓									✓
3	Tay-Sachs												✓
4	Canavan Disease												✓
5	Cystic Fibrosis												✓
6	Gaucher's disease												✓
7	Familial Dysautonomia												✓
8	Bloom syndrome												✓
9	Fanconi anemia group C												✓
10	Glycogen storage disease type 1a												✓
11	Maple syrup urine disease												✓
12	Mucopolidosis type IV												✓
13	Niemann-Pick disease												✓
14	Huntington's chorea												✓
15	Marfan's disease												✓
16	Gulliam-Barre												✓
17	Wilson's disease												✓
18	Adverse Reaction to Medications												✓
19	Diagnosis of any known genetic syndrome												✓
20	Missing teeth (from birth)												✓
21	Any other condition not previously mentioned												✓

Interviewer Comments: O (#2) - Donor reports (Biological) father misused ETOH + Recreational Drugs. Has been sober for 18 years per donor explanation. -LH