Pacific Reproductive Services A Fairfax Cryobank

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 #: 9420

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.
- 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#

1. Current Age: Z 4 2. Today's Date: 7 29/12 3. Place of Birth (State or Country only): CA 4. Mo./Yr of Birth: 08/85 5. Height: 6 1 6. Weight: Z 0 3 11 7. Eye Color: Blue 8. Hair Color: 9. Hair (circle that apply): Balding Thin Average Thick Curly Wavy Straight 10. Freckles: Numerous 11. Skin Color; Fair Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn 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: Caucasian Black Asian Latin Middle Eastern Other 15. Mother's Ethnicity: 1. N Z New 2. NZ 3. English 4. Scotlish 16. Father's Ethnicity: 1. NSA 2. NSA 3. English 4. Estonian Tewish American Middle Eastern French/Canadian Jewish American Middle Eastern French/Canadian Jewish American Cajun
9. Hair (circle that apply): Balding Thin Average Thick Curly Wavy Straight 10. Freckles: Numerous 11. Skin Color; Fair Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn 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: Caucasian Black Asian Latin Middle Eastern Other 15. Mother's Ethnicity: 1. N Z New Zestand 2. N Z 3. English 4. Scotlish 16. Father's Ethnicity: 1. USA 2. USA 3. English 4. Estonian 17. Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian
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15. Mother's Ethnicity: 1. NZ New Zealand 2. NZ 3. English 4. Scotlish 16. Father's Ethnicity: 1. USA 2. USA 3. English 4. Estonian 17. Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian
16. Father's Ethnicity: 1. USA 2. USA 3. English 4. Estonium 17. Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian
17. Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic
PART 1B - EDUCATION AND CAREER
1. Occupation: Cartographer 2nd Occupation: Engineer
2. What was your high school GPA? 3. Are you currently in college? Yes
College/University GPA: 3 21 Degree: Bachelor of Science Major: GIS/ Geograp.
Post Graduate GPA: Degree: Major:
4. What are your career goals? To start my own considting business (my
PART 1C - PERSONAL CHARACTERISTICS
1. Math Skill Ability: Good
2. Mechanical Ability: Fxcellent
3. Athletic Ability: Fair
4. Musical Ability: Minimal
5. Foreign Language Ability: Limited majori
6. Artistic Ability: Minimal
7. Special hobbies, talents and interests: Light electrical engineering / Solar Su
8. Favorite Sport: Soller 9. Favorite Food: Maleroni Cheese
10. Favorite Color: Blue 11. Favorite Pet: Cat
12. Favorite Movie: 13. Favorite Book or Author: Michael Polla
14. Favorite Music and/or Group(s): Shape shifter (for and Colour Soft Roc
14. Favorite Music and/or Group(s): Shape shifter (ity and Colour Soft Roc 15. Where would you like to travel and why? Kenyar for a vastly different experience to traditional classinations, meet people an see all the geographical sights

Donor ID# PART 1C - PERSONAL CHARACTERISTICS Cont'd 1. How would you describe your personality?

Assertive and Social

2. Do you consider yourself to be more:

Analytical/Rational or Intuitive/Feeling

Extrover or Introvert 3. Why do you want to be a donor? To provide Coaples with an opportunity to select the most desireable traits for their children. 4. Who do you most admire and why? My Father, he leads by example accomplishes a huge varities of tasks

PART 2 – DONOR'S FA	AMILY INFORMA	TION (Ple	ase Circl	e choi	ices and/or c	omple	te)	
1. Do you have any children?	Yes (No)	If Yes, plea	se complete	the foll	owing below:	ani, in spanitualian	E. Maria de Caracteria de C	echocumilià innaiscegno circono.
Age: Sex:	Health Problems:					**************	http://doi.org/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.0	
Age: Sex:	Health Problems:							
Age: Sex:	Health Problems:							
2. Have you been responsible	for any other pregna	ncies? Y) If yes, wh	at year((s) did they occur	?		
3. DONORS FATHER	Yr of Birth: 195	Place of Bi	rth: 🕢	9	Eye Color: 3/	ue Ha	ir Color: /3/	lack
Describe Hair: Balding Thi	Average Thick	Curly Wav	⁄y Straigh	nt	Height: 61	7"	Weight: /	6816
Complexion: Fair Med	ium Olive L	ight/Brown	Medium/l	Brown	Dark/Brown	Freck	es: Yes	(Mg)
Bone Structure: Small	Medium Large	Very Large	0.1.1.1.1.2.000.000.000.000.000.000.000.	Vision	: Excellent	God	od Fair	Poor
Occupation: Engin	0.ering 1	Capoloci	ist	Educa	tion: Colleg	v l	46 50	the Cre
Special skills or characteristic	eering costs Bi-lingu	111	e cacy	1.	1 boile	1/2/2	56%	1/3
List any past or present signif	cant health problems	·NA	8.0		and the same of th	4	· · · · · · · · · · · · · · · · · · ·	emperature engage (1 1999). Il et alacaso
Is he more (circle one in each	column): Optimistic	√Pessimistic	Assertive/F	assive	Leader/Follo	wer	Easy Going/	Controlling
4. DONOR'S MOTHER	Yr of Birth: 195	Place of Bir	rth: V	Z	Eye Color: Cv	eca Ha	ir Color: <i>[3</i>	round
Describe Hair: Balding Thi	n Average Thick	Curly Wav	y Straigh	ıt	Height: 5	1''	Weight: /	5816
Complexion: Fair Med	ium Olive L	ight/Brown	Medium/E	Brown	Dark/Brown	Freckl	es: Yes	(No)
Bone Structure: Small	Medium Large	Very Large	**************************************	Vision: Poor	Excellent	త	od Fair	
Occupation: Charles	ral Acco	integet	-	Educa	tion: Colle	4e [CARA	
Special skills or characteristic		ent i	with		rum ber	2		
List any past or present signifi	cant health problems	· NA						
Is she more (circle one in each		()		1	Leader/Follo		Easy Going/	

Interviewer Comments:

FRM-Don004-20090827-Donor History Form

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go of Manage constructing Adaptives and a second						Dono	r ID# 4410
5.DON	IOR'S SIBLING	Half- Sibling □	Yr of Birth:	92	Eye Color:	Rye Hair	Color: Brown
Describ	e Hair: Balding	Thin Average	e Thick Curly	Wavy	Straight Heig	int: 6'0''	Weight: 187 (65
Comple	exion: (Fair)	Medium O	live Light/Br	own Me	edium/Brown D	Dark/Brown Frec	kles: Yes No
Bone S	tructure: Sma	all Medium	Large Very	Large	Vision: Excelle	ent Good	Fair Poor
Occupa	ation: CNC	Oftres	ton	TO THE PERSON NAMED IN COLUMN	Education: (o.	monu/L	College
Special	skills or characte	eristics:					
List any	past or present	significant health	problems:				
ls (s)he i	more (circle one i	n each column):	Øptimistic/Pess	simistic A	ssertive/Passiv	Leader/Follower	Easy Going/Controlling
6.DON	IOR'S SIBLING	Half- Sibling □	Yr of Birth:		Eye Color:	Hair	Color:
Describ	e Hair: Balding	Thin Average	e Thick Curly	Wavy	Straight Heig	ıht:	Weight:
Comple	exion: Fair	Medium O	live Light/Br	own Me	edium/Brown D	Dark/Brown Frec	kles: Yes No
Bone S	tructure: Sma	all Medium	Large Very	Large	Vision: Excelle	ent Good	Fair Poor
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List any	past or present	significant health	problems:	The second secon			
Is (s)he	more (circle one	in each column)	Optimistic/Pess	imistic As	sertive/Passive	Leader/Follower	Easy Going/Controlling
7. GRA	NDPARENTS (P	lease circle only	one for appropria	ate columns)			interprising and some states of an extraction process of the southern and the southern and the southern and the
	Place of Birth	Living/Age	Hair Eye Color Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
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MGF	NZ	#183 C	rown Brown	GFP	83	Coush	
PGM	CA	830	Bloode Blue Brown Blue	G€P			Pour belonge
PGF	CA	18 8T B	Brow Blue	GFP	81	Egneer	
I-constantian and							
PART	3 – DONOR	S PERSONAI	L MEDICAL H	IISTORY	(Please circle	choice)	
1. Wha	t is your general :	state of health?	Excelle	ept	Good	Fair Poo	r
2. Do y	ou have any curr	ent problems with	n any of the follow	ving?	□ ⁄40 □] yes (circle al	l that apply):
Skin Blood	Mouth Ears	Throat Breas	ts Lungs He	art Stoma	ach Intestines	Kidney Bladder	Nervous System
Eyes	Bowel Liver	Bones Muscl			ne System Endo	ocrine system	
3. Have	you ever been h	ospitalized?	□Yes □¥	No If ye	s, please explain:	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	ta constant and an analysis of the same and an analysis of
Intervie	wer Comments	,					

4. Have you ever ha				and the second second second			
		ncluding but not limited to ur	n-descended test	ticle(s), he	rnia, pelvic, blad	lder or abdominal)	
□Yes 🔽	ŽNo	If yes please provide the	following informa	ation:			
Year Hospital			Type of Proble	m/Surgen	L		
				······································			
5. Do you have any	allergies to drug	gs, food, or environment, su	ch as hay fever?	☐ Y	es 🖳 No	Unsure	**************************************
6. Are you taking ar taking and for how		ion medications, including v	itamins?	No []Yes Please	list any you are curr	ently
7. Are you taking ar	ny prescription n	nedications? No [∐Yes Please	e list any y	ou are currently	taking and for how lo	ong.
8. Do you use any p	performance ent	nancing drugs, including ste	roids? Yes	ΔNο	If so, please	list:	***************************************
9. Do you wear glas	sses? [☐ Yes Mo	How is your	vision w/o	glasses? Ex	cellent Good Fair	Poor
10. Are you:	☐ Nearsight	ed or Farsighted	You	ır vision is	: 20/	Únsure	
11. Do you have an	y hearing proble	ems? ☐ Yes ☑ No I	f yes, please exp	lain:			- non seminarian soci
12. What is the con	dition of your tee	eth2 Excellent Good Fair F	Poor How is you	ır diet?	Good Fair	Poor Vegetai	rian
13. Do you exercise	9:	or more times per week					
		or more times per trocks	1-3 t	imes per v	veek	Never/almost never	
14. Describe your e					**************************************		
14. Describe your e 15. Have you ever I	exercise routine:		Seal Pe	Sint f	**************************************		
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15. Have you ever I	exercise routine: had a serious or baths, hot tubs, of the following	Piding the prolonged illness? Yes	Seal Po	Sin t If yes, ple	oer k Case explain:	Sircust (12 Anfrequently 1:	urral
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15. Have you ever I 16. Do you take hot 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates	exercise routine: thad a serious or baths, hot tubs, of the following Frequency of	prolonged illness? Yes saunas or steam baths? Yes Yes Yes	Seal Fe Daily Daily Hallucinogen Anti-depressa Tranquilizers Amphetamine	If yes, ple	ののかん Case explain: Weekly 」 wing Information	Infrequently 1: Use Last Time Us	unsh
15. Have you ever I 16. Do you take hot 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain	exercise routine: had a serious or baths, hot tubs, of the following Frequency of	prolonged illness? Yes saunas or steam baths? Yes	Geal Fo	If yes, ple the follows ants If yes ho	w many per day	Infrequently 1: Use Last Time Us	sed

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Sibli	ng-Sister				Aunt	-Pate	ernal			Cousin	ı-Maternal	-Male		_6		
Half	-Brother				Uncle	e-Ma	ternal			Cousin	-Paternal	-Female	e			
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Donor ID# Medical Problem Aunts/Uncles Sibling Grandparents Skin Problems Maternal Maternal Paternal Paternal В You Μ F М F None U F М GM GF GM GF Known 1 Adult Acne (not teen pimples) 2 Eczema 3 **Psoriasis** Skin Cancer (Melanoma) 4 5 Skin Cancer (Basal Cell Carcinoma) 6 Other Skin disorders Medical Problem Sibling Grandparents Aunts/Uncles Cousins Matemal Maternal Paternal Paternal C Sight/Sound/Smell You Μ F М None U М F GM GF GM GF Known 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 Medical Problem Aunts/Uncles Sibling Grandparents Cousins Maternal Maternal Patemal Patemal D Mental or Neurological None You M F M Α Ú Μ GM GF GM GF Known 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.	

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Donor ID# Medical Problem Sibling Grandparents Aunts/Uncles Cousins Maternal Maternal Patemal Paternal D Mental or Neurological You M F M F None U F M Cont'd GM GF GM GF Known Learning Difficulties/ 11 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 Sibling Grandparents Aunts/Uncles Cousins Maternal Maternal Paternal Paternal Ε Heart Problems or You None M F М F F Α U М GM GF GM GF Circulatory Known 1 Heart defects at birth \checkmark 2 Heart disease 3 Heart attack (age of onset) 4 High Cholesterol 5 High Blood Pressure 6 Cardiomyopathy 7 Sudden Death Medical Problem Sibling Grandparents Aunts/Uncles Cousins F Maternal Maternal Patemal **Blood Problems** You М F F None Α U М GM GF GM GF Known 1 Anemia 2 Sickle-Cell anemia 3 Hemophilia or other bleeding problems 4 Polycythemia 5 **Blood Clots** 6 Other blood disorder Medical Problem Sibling Aunts/Uncles Grandparents Cousins Maternal Maternal Paternal G Respiratory (Lungs) Paternal You Μ F None M U M GM GF GM GF Known Hay Fever 1 2 Asthma

Interviewer Comments:	

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Donor ID# Medical Problem Aunts/Uncles Sibling Grandparents Cousins Maternal Maternal Patemal Paternal G Respiratory (Lungs) You Μ F M F None Α Ü M F Cont'd GM GF GM GF Known 3 Tuberculosis 4 Lung cancer 5. Emphysema or Chronic Lung Disease 6 Other lung disease Medical Problem Sibling Grandparents Aunts/Uncles Cousins Maternal Maternal Patemal Paternal Н Metabolic, Endocrine, or You М F М F None A F GM GF GM GF **Autoimmune** Known 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 Maternal Maternal **Gastro-intestinal** You F F Patemal Paternal M M None Α U **Problems** GM GF GM GF Known Ulcer or stomach or 1 duodenum Gallstones 2 Other liver disease 3 Colon cancer 4 Intestinal cancer 5 Ulcerative colitis 6 Crohn's disease 7 Any other disease/problem 8 of digestive system Medical Problem Sibling Grandparents Aunts/Uncles Cousins Maternal Maternal Patemal **Urinary Problems** Patemal J You M F F None М U М GM GF GM GF Known 1 Kidney disease 2 Bladder Cancer 3 Kidney Cancer 4 Other disease of the Urinary tract (urethra, bladder, ureter) Other, including born with one kidney or kidney failure

Interviewer Comments:

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	Medical Problem			T	1 ~				e na nazi arteka da kanaganan jengungan nga unan			r ID#_	$\overline{}$	=	1/
	Problems of the Genital			-		bling			dparents	***************************************	Aunt	s/Uncles	Co	ousins	
K	or Reproductive System	You	M	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	υ	М	F	Non
1	Abnormally placed urethra (Hypospadius)														Knov
2	Premature Menopause or Ovarian Failure						The second secon								· ·
3	Fragile X Syndrome							1							
	Multiple Miscarriages	**************************************	-						And the second of the second of the second of						' ا
3	Uterine fibroids	A 1981-1111, 1511-1515			İ			***	***************************************				ļ		<u>ا</u> ا
1	Ovarian cysts		-	ļ				-			ļ				
5	Cancer of cervix, ovaries or uterus	i							1						
5	Ambiguous genitals (hermaphrodite)														i
•	Other		1				ł								<u> </u>
	Medical Problem		The second second		Sit	oling		Grand	parents		Aunts	/Uncles	Col	usins	
VI	Cancers	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None
	Early onset cancer (before age 50)	}						J	Olw	GF.					Know
	Breast cancer						19								
	Ovarian Cancer	· ·				F-1	· · · · · · · · · · · · · · · · · · ·								
	Colon Cancer									181	* ***		* *************************************		-
	Lung Cancer									001					
WT100773.174	Brain Cancer	ero:				····							******************		· ・
	Prostate Cancer														
* * * * * * * * * * * * * * * * * * * *	Pancreatic Cancer	· · · · · · · · · · · · · · · · · · ·						***************************************	:			ļ	***************************************		
	Leukemia						NATIONAL PROPERTY.		·				elementary age, age,		· ·
)	Lymphoma											·			<i>ر</i>
1	Any family member with more than one type of cancer			to company of the Colonian control				111111111111111111111111111111111111111					**** **** **** ****		
2	Other cancer (Describe)						***************************************	talisti						-	
	Medical Problem				Sibl	ing		Grandp	arents		Aunts/l	Jncles	Cou	sine	
- era erbagyari	Mental Health Problems	You	М	F	М	F	Maternal	Matemai	Paternal	Paternal	А	U	M	sins F	None
	Schizophrenia						GM	GF	GM	GF		-			Known
	Manic-depressive illness (Bi-Polar)														U
	Other mental health disorder requiring hospitalization	e e e e e e e e e e e e e e e e e e e						**************************************		The second secon			V .	THE PARTY OF THE P	/
***************************************	Severe depression with period of inability to function														V

Mon-breast CA Chronoms age 81, no tx/doing well.

Mot courin - Dipolar ax Age 24, now 27 Normal functioning,

on meds.

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Donor ID# Medical Problem Sibling Aunts/Uncles Grandparents Cousins Problems of the Muscle, Ν Maternal Materna Paterna You Patema Μ F F None U M F Bones, or Joints GM GF GM GF Known Muscular dystrophy 1 2 Degenerative Muscle Lupus 3 4 Scoliosis Spina bifida 5 6 Osteoporosis Arthritis (rheumatoid osteo, unknown type) 8 Gout 9 Other muscoskeletal disease 10 Other chronic muscle disease Medical Problem Sibling Grandparents Aunts/Uncles Cousins Other Disorders 0 Maternal You Μ F F Materna Patema Patema М Ű М F None GM GF GM GF Known 1 Alcoholism 1 Drug abuse, misuse, or addiction 2 1 3 Tay-Sachs Canavan Disease 4 5 Cystic Fibrosis 6 Gaucher's disease Familial Dysautonomia 7 8 Bloom syndrome 9 Fanconi anemia group C 10 Glycogen storage disease type 1a 11 Maple syrup urine disease 12 Mucolipidosis type IV Niemann-Pick disease 13 Huntington's chorea 14 15 Marfan's disease Gulliam-Barre 16 Wilson's disease 17 Adverse Reaction to 18 Medications 19 Diagnosis of any known genetic syndrome 20 Missing teeth (from birth) Any other condition not previously mentioned 21

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