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 #: 7391

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# 7391

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 27	2. Today's Date: 05/8/11	3. Place of Birth (State or Country only): California		
4. Mo./Yr of Birth: 4/84	5. Height: 6'ft	6. Weight: 182 pds	7. Eye Color: Brown	8. Hair Color: Brown

9. Hair (circle that apply): Balding Thin (Average) Thick Curly (Wavy) Straight

10. Freckles: None (Few) 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. European/Irish 2. Native American 3. (Cherokee + Choctaw) 4.

16. Father's Ethnicity: 1. European/Norwegian 2. Native American 3. Black many generations removed 4. Latino

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: Designer/project manager		2nd Occupation: Artist	
2. What was your high school GPA? 2.7		3. Are you currently in college? Yes (No)	
College/University GPA: 2.7	Degree: Media Arts & Animation	Major: Bachelors of Science	
Post Graduate GPA:	Degree:	Major:	

4. What are your career goals? To own my own Design Firm

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: not my strong suit, but completed college math requirements
2. Mechanical Ability: I'm usually pretty good with my hands
3. Athletic Ability: I'm good at tennis, but don't really care for other sports
4. Musical Ability: I don't consider myself musical, but come from many musicians.
5. Foreign Language Ability: I only speak English
6. Artistic Ability: Exceptional
7. Special hobbies, talents and interests: Art & Architectural History, as well as Design

8. Favorite Sport: Tennis	9. Favorite Food: Seafood
10. Favorite Color: Blue	11. Favorite Pet: Childhood Dog named Harry
12. Favorite Movie: Pay IT Forward	13. Favorite Book or Author: F. Scott Fitzgerald

14. Favorite Music and/or Group(s): Country, Blue Grass, most Popular music
15. Where would you like to travel and why?
I have not traveled very much but hope to do so soon

Interviewer Comments: _____

Donor ID# 7391

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Analytical, Introspective & caring

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?
I'm interested in helping people create families that otherwise would not be able to do so. I'm also planning on starting my own business in the near future and would like to supplement my income during this transition.

4. Who do you most admire and why?
I most admire my grandmother, if not for her I would not have turned out to be the man that I am. She was an amazing women that always thought outside the box.

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. DONORS FATHER	Yr of Birth: 64	Place of Birth: California	Eye Color: ~~Brown~~ error-ponoring → Blue	Hair Color: Brown
Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight			Height: 5'11"	Weight: 175
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: Contractor			Education: High School / Trade School	
Special skills or characteristics: skilled project manager & Builder & Horse Trainer.				
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: 65	Place of Birth: California	Eye Color: Brown	Hair Color: Brown
Describe Hair: Balding Thin Average Thick Curly (Wavy) Straight			Height: 5'3"	Weight: 120
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: Nurse			Education: High School / Trade School	
Special skills or characteristics: caring				
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# 7391

5.DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1985	Eye Color: Brown	Hair Color: Brown

Describe Hair: (Balding) Thin Average Thick Curly Wavy Straight	Height: 5'10"	Weight: 140 pds	
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: Teacher	Education: Bachelors of Arts		
Special skills or characteristics: 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

6.DONOR'S SIBLING M (F)	Half- Sibling ☒	Yr of Birth: 1994	Eye Color: Blue	Hair Color: Blond

Describe Hair: Balding Thin Average (Thick) Curly Wavy Straight	Height: 5'8"	Weight: 130 pds	
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: student	Education: High School		
Special skills or characteristics: athlete			
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	Oklahoma	Dead 69	Brown Grey	Brown	G F P N/A	69	Heart Attack	
MGF	California	70	Blonde Grey	Blue	G (F) P	N/A	N/A	
PGM	Oklahoma	63	Brown Grey	brown	(G) F P	N/A	N/A	High Blood pressure
PGF	California	63	Brown	Brown	(G) F P	N/A	N/A	

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? ☒ No ☐ 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? ☐Yes ☒ No If yes, please explain:

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 SIBLINGS

Donor ID #: 7391

DONOR'S SIBLING M (F) Half- Sibling ☒ Yr of Birth: 1999 Eye Color: HAZEL Hair Color: SANDY BLONDE

Describe Hair: Balding Thin Average Thick Curly Wavy (Straight) Height: 5'5" Weight: 100

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: MIDDLE SCHOOL STUDENT

Special skills or characteristics:

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 M F Half- Sibling ☐ 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 M F Half- Sibling ☐ 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# 7391

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:

Year	Hospital	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. Daily multi-vitamins

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 (error donor 4F)

10. Are you: ☒ Nearsighted or ☐ Farsighted Your vision is: 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: (error donor 4F) 1 - 1.5 hrs weights/cardio in mornings before work

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? ☐ Yes ☒ 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?	How many alcoholic drinks do you consume in a week? 2 Per Month? 8

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# 7391

21. 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				
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicidal Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother	1	Aunt-Maternal	1	Cousin-Maternal-Female	1
Sibling-Sister	0	Aunt-Paternal	1	Cousin-Maternal-Male	9
Half-Brother	0	Uncle-Maternal	2	Cousin-Paternal-Female	0
Half-Sister	2	Uncle-Paternal	1	Cousin-Paternal-Male	3

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 your or any of your family members.

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

Interviewer Comments: _____

Donor ID# 7391

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

Interviewer Comments: MATERNAL AUNT - SEIZURES RELATED TO LUPUS

4

Donor ID# 7391

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
D	**Mental or Neurological Cont'd**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay														X
12	Sleep Disorders														X
13	Attention Deficit Hyperactivity Disorder (ADHD)														X
14	Hydrocephalus (Fluid on the brain)														X
15	Disorder of the spinal cord														X
16	Huntington's disease														X
17	Degenerative Nerve Disorders														X
18	Neurofibromatosis														X
19	Neural tube defect														X
20	Other diseases of the nervous system														X
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
E	**Heart Problems or Circulatory**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Heart defects at birth														X
2	Heart disease														X
3	Heart attack (age of onset)						X 69								
4	High Cholesterol														X
5	High Blood Pressure								X 63						
6	Cardiomyopathy														X
7	Sudden Death														X
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
F	**Blood Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Anemia														X
2	Sickle-Cell anemia														X
3	Hemophilia or other bleeding problems														X
4	Polycythemia														X
5	Blood Clots						X 69								
6	Other blood disorder														X
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
G	**Respiratory (Lungs)**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Hay Fever														X
2	Asthma											X		X	

Interviewer Comments: MGM - HEART ATTACK/BLOOD CLOT DECEASED AGE 69

MATERNAL UNCLE + COUSIN - INHALERS AS NEEDED. MILD ASTHMA

Donor reports PGM high blood pressure, controlled w/ medication currently

Donor ID# 7391

	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														X
4	Lung cancer														X
5.	Emphysema or Chronic Lung Disease														X
6	Other lung disease														X
	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)														X
2	Type II Diabetes (Adult Onset)														X
2	Thyroid cancer														X
3	Thyroid disease														X
4	Goiter														X
5	Adrenal dysfunction or disorder														X
6	Other														X
	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			X											
2	Gallstones														X
3	Other liver disease														X
4	Colon cancer														X
5	Intestinal cancer														X
6	Ulcerative colitis														X
7	Crohn's disease														X
8	Any other disease/problem of digestive system														X
	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														X
2	Bladder Cancer														X
3	Kidney Cancer														X
4	Other disease of the Urinary tract (urethra, bladder, ureter)														X
5	Other, including born with one kidney or kidney failure														X

Interviewer Comments: F - STRESS RELATED ULCER, CONTROLLED BY DIETARY CHANGES.

GM - Donor reports Father made changes to reduce acidic food

Donor ID# 7391

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
K	**Problems of the Genital or Reproductive System**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Abnormally placed urethra (Hypospadius)														X
2	Premature Menopause or Ovarian Failure														X
3	Fragile X Syndrome														X
	Multiple Miscarriages														X
3	Uterine fibroids														X
4	Ovarian cysts														X
5	Cancer of cervix, ovaries or uterus														X
6	Ambiguous genitals (hermaphrodite)														X
7	Other														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
M	**Cancers**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Early onset cancer (before age 50)														X
2	Breast cancer														X
3	Ovarian Cancer														X
4	Colon Cancer														X
5	Lung Cancer														X
6	Brain Cancer														X
7	Prostate Cancer														X
8	Pancreatic Cancer														X
9	Leukemia														X
10	Lymphoma														X
11	Any family member with more than one type of cancer														X
12	Other cancer (Describe)														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
L	**Mental Health Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Schizophrenia														X
2	Manic-depressive illness (Bi-Polar)														X
3	Other mental health disorder requiring hospitalization														X
4	Severe depression with period of inability to function														X

Interviewer Comments: _____

_____

Donor ID# 7391

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	**Problems of the Muscle, Bones, or Joints**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Muscular dystrophy														X
2	Degenerative Muscle Disorders														X
3	Lupus										X				
4	Scoliosis														X
5	Spina bifida														X
6	Osteoporosis														X
7	Arthritis (rheumatoid osteo, unknown type)														X
8	Gout														X
9	Other muscoskeletal disease														X
10	Other chronic muscle disease														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
O	**Other Disorders**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Alcoholism														X
2	Drug abuse, misuse, or addiction														X
3	Tay-Sachs														X
4	Canavan Disease														X
5	Cystic Fibrosis														X
6	Gaucher's disease														X
7	Familial Dysautonomia														X
8	Bloom syndrome														X
9	Fanconi anemia group C														X
10	Glycogen storage disease type 1a														X
11	Maple syrup urine disease														X
12	Mucolipidosis type IV														X
13	Niemann-Pick disease														X
14	Huntington's chorea														X
15	Marfan's disease														X
16	Gulliam-Barre														X
17	Wilson's disease														X
18	Adverse Reaction to Medications														X
19	Diagnosis of any known genetic syndrome														X
20	Missing teeth (from birth)														X
21	Any other condition not previously mentioned														X

VF

Interviewer Comments: MATERNAL AUNT - LUPUS. DIAGNOSED 14 Y.O. NOW IN LATE 40'S
NO OTHER AUTO IMMUNE DISORDERS IN FAMILY.