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 #: 6767

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!
- 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).

Interviewer Comments: _

	Pa	ge 2 (of 12
	A		and desired
Open ID#	(0	70	/ _/

Se.

PART 1A – DONOR GENERAL AND PSYCHO-S	OCIAL DESCRIPTION	N.	
1. Current Age: 2. Today's Date: 7/10/10	3. Place of Birth (State of	r Country only): CAUF	ORNIA
4. Mo./Yr of Birth: 2/89 5. Height: 6' 6. Weight	7. Eye Co	olor: Brank 8. Hair (Color: Beow J
9. Hair (circle that apply): Balding Thin Average Thick	Curly Wavy (Straight)	10. Freckles: None Numerous	Few
11. Skin Color; Fair Medium Dark Ol Brn	live Light Brn F	Reddish Brn Med. E	3rn Dark
12. Are you: Left Handed	Right Handed	Ambidextrous	
13. Are you a twin? Yes (No) Are there twins in yo Fraternal	our family? Yes ধ্যুত	If yes are they: to	lentical
14, Family Background: Race: ⊠ Caucasian ☐ Bla	ck 🗌 Asian 🔲 L	atin	n 🗌 Other
15. Mother's Ethnicity: 1. ENGLISH 2.	3.	4.	### A WAS 170 A safet Vallet Was also and a safe
16. Father's Ethnicity: 1. Swepish 2. FRE	NCN 3.	4.	
17. Circle any group from which you descend: African Jewish	Mediterranean Middle Irish American Caj	Eastern French/Can un	adian
If Jewish, please circle one of the following: Asian	Ashkenzai	Sephardic	rough FFEAG FA/FEERING I I VINNE FEET WAS ARRESTED BY LEGEN AND AN ARRESTED BY LEGEN AND ARRESTED BY LEGEN BY LEGEN AND ARRESTED BY LEGEN AND ARRESTED BY
PART 1B - EDUCATION AND CAREER			
1. Occupation: GRAPHIC DESIGNER	2nd Occupation:		
2. What was your high school GPA? 3.69	3. Are you currently in co	ollege? (Yes)	No
College/University GPA: 3.4 Degree: BFA		Major: Nonstrain	IL DESIGN
Post Graduate GPA: Degree:		Major:	
4. What are your career goals? Το ር ሚደብፕር እነናህ , St	astainable, and	RECEPOÀSIBLE MAT	enimes add Pre
PART 1C - PERSONAL CHARACTERISTICS			
1. Math Skill Ability: in QUITE ADEPT WITH PRACT	mean carementois	Especialit Nose i	PERETAINAL TO EN
2. Mechanical Ability: I'VE ALWATS ENSOTED THE TAN	CING APART AND REB	anding of Association	JIND AN QUITE
3. Athletic Ability: TENNIS, SURVEING, SKATEBO	ARDING , SNAWBOR		t Helbeltellold
4. Musical Ability: 1 PLAT THE GUITAR, BASS, 1	MADDOLID MAN EN	Tono	
5. Foreign Language Ability: GERMAN			
6. Artistic Ability: SKERINING, RENDEREING, DIG	LITAL ARTS, PAIN	Ti NG	
7. Special hobbies, talents and interests: ๔ณผาพนุดพ			
8. Favorite Sport: TENNIS	9. Favorite Food: TA	°A Ç	
10. Favorite Color: YEU OW	11. Favorite Pet: 'Tız	li Freg	
12. Favorite Movie: THE LIFE AGUNTIC	13. Favorite Book or Au	hor ALBERT CAM	. u s
14. Favorite Music and/or Group(s): Foには、Pano K、い	H CLENOSONACH	PMOP, ALTERINAT	IVE, BLUEGEL
15. Where would you like to travel and why? I would vint To size where so much involvation is praptice there is proptice.	TO MULTI LINE TO VI	IT SLANDANAVIA.	AS A DESIGNA

Page 3 of 12
Donor ID# 6765

PART 1C - PERSONAL CHARACTERISTICS Cont'd
1. How would you describe your personality? Some what closed OFF, 1347 EXTRACT VARM TO THOSE CLOSE TO ME, CRAT
2. Do you consider yourself to be more: Analytical/Rational or Intuitive/Feeling Extrovert or introvert
Why do you want to be a donor? I'VE NEVER REMIT MAD AN INTERCENT IN MANING CHILDREN MYSELF. HOWEVER THE LOVE OF PERRETHATING THE SPECIES APEALS TO ME ON AUSZY BIOLOGICAL LEVEL. THAT MIXED WITH MY ON OVERLYTHIS GOAL IN LIFE TO MAKE PEOPLE MAPPY, MAKES ME VERY INTERCENTED IN SHAPPING MY ABILITY TO MANINAMENTE THE SAMOTES. MYC CHILD REN. 4. Who do you most admire and why? MY BEST FRIEND ELEMBR. SHE IS A MYPER TAKNITED PERSON THO THAMAGONE HER LIFE MET THICK A USER ENGAGED THAS IN THE BETTERMENT OF MANKIND.
BECAUSE OTHIS SME'S FACED A GREAT MANT ADMISSITIES, BUT NEWER GIVEN UP AT YOU BEEN DETRINO.
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:

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 W If yes, who	at year(s) did they occur?
3. DONORS FATHER Yr of Birth: 1963 Place of Birth: CALIFO	Eye Color: BLUE Hair Color: BROWN
Describe Hair: Balding Thin Average Thick Curly Wavy Straigh	Height: 6'1" Weight: 200105
Complexion: (Fair Medium Olive Light/Brown Medium/B	Brown Dark/Brown Freckles: Yes ⊀™
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: PARTS DIRECTOR, VOUXSWALLEN	Education: ASSOCIATES, JUNIOR COLLEGE
Special skills or characteristics: Photogrammic MEMON'S	
List any past or present significant health problems:	
Is he more (circle one in each column): Optimistic/Pessimistic Assertive/P	assive Leader/Follower Easy Going/Controlling
4. DONOR'S MOTHER Yr of Birth: 1961 Place of Birth: UTA	H Eye Color: Brown Hair Color: Brown
Describe Hair: Balding Thin Average Thick Curly Wavy Straigh	P Height: 5'7" Weight: 188 LBS
Complexion: Fair Medium Olive Light/Brown Medium/E	Brown Dark/Brown Freckles:
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: GROCERY STOIZE, CHECKOUT	Education: HIGH SCHOOL
Special skills or characteristics: None	
List any past or present significant health problems:	
Is she more (circle one in each column). Optimistic/Pessimistic Assertive/R	assive Leader/Follower Easy Going/Controlling

Interviewer Comments:

Page 4 of 12 Donor ID# 6765

	SAME N	MOTHER.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							·		***************************************
5.DON	OR'S SIBLING	Half- Sibling	Yr of Birtl 1শ ৰঙ				Eye Colo			Hair C ろに	olor: Owni	
Describ	e Hair: Balding	Thin Avera	ge Thick	Curly	way	> S	raight	Heigh	t 5'18"		Weight: ۱۹۵	J 1125
Comple	exion: (EaiD	Medium	Olive L	ight/Bro	own	Med	ium/Brown	Da	ark/Brown	Freckl	es: (Yēs	No
Bone S	tructure: Smal	II &∕īediup≯	Large	Very	Large	V	ision: E	xceller	nt G QQ	ë F	air Poor	
Occupa	ition: Auto S.	ALES, HY	uNDAI	, , , , , , , , , , , , , , , , , , , ,		E	ducation: _}	الما الم	Sunvo			
Special	skills or characte	ristics: CWA	rem	-3			a					
List any	past or present s	ignificant heal	th problems	· HARD	VO√-0 1922 \$		S INSTAI	1.ED	BACK	. W191	LEWORK	NG
s (s)he r	more (circle one ir	n each column): Qotimist	c/Pessi	imistic	AS	erti y e/Pass e	ìν	Ceade /Foll	ower	Easy Going/C	ontrolling
6.DON M	OR'S SIBLING I F	Half- Sibling	Yr of Bi	th:			Eye Colo)ŗ:		Hair C	olor:	
Describ	e Hair: Balding	Thin Avera	ge Thick	Curly	Wav	, s	traight	Heigh	t:		Weight:	
Comple	exion: Fair	Medium	Olive L	ight/Bro	own	Med	ium/Brown	Da	ark/Brown	Frecki	es: Yes	No
Bone S	tructure: Sma	ll Medium	Large	Very	Large	٧	ision: E	xceller	nt Goo	d	Fair Poo	•
Occupa	ıtion:		-, -, -, -, -			E	ducation:					
Special	skills or characte	ristics:						en ogranis in concessor	***************************************		ngan di kalandah ngagama kanti kanti (, dd Abari 1974 kati 1989)	
List any	past or present s	significant heal	th problems	•	· • · · · · · · · · · · · · · · · · · ·						***************************************	
ls (s)he	more (circle one	in each colum	n): Optimist	ic/Pessi	imistic	Ass	ertive/Passi	ve	Leader/Foll	ower	Easy Going/0	Controlling
	NDPARENTS (PI											
	Place of Birth	Living/Age		Eye Color	Healtl	ı ls:	Deceased	I/Age	Cause o	f Death	List any Probl	
MGM	UTAH	72	BROWN B	Zerrad	<i>9</i> F	Ρ		un narietario	Antigodo II II (1) do gal e a la copinção e de comerca de copien			an meren meren (Corton
MGF	UTAH	73	Brown B	(Christ)	G F	Ρ						
PGM	N EVADA	78	Brine B	WE	<i>(</i>) F	P					Knye Ref	'LAC EMW
PGF	NEVADA	8Q (BEOWN BULLIE B	une	G (F	P					BACK SU KUEERLY	
		(44)	CWOY		ner o vermer oo vermer ii Fif			**********				
PART	3 – DONORS	PERSON		CAL H	IISTO	RY (Please ci	ircle	choice)			
1. Wha	t is your general s	tate of health?	· (Excelle		diabelista (Good	iiiiiiliiiiiiiii F	air	Poor	Eleberter de la particular de la constanta de	loodal olden märlän
2. Do y	ou have any curre	ent problems w	ith any of th	e follow	ving?		⊠ No		yes (circle all	that apply):	
Skin Blood	Mouth Ears	Throat Bre	asts Lung	ıs Hea	art S	toma	ch Intesti	nes	Kidney Bl	adder	Nervous Syst	em
Eyes	Bowel Liver	Bones Mus	cles Bloo	d Vesse	els Ir	nmur	e System		crine systen		والمراقبة والمجاولة والمراقبة والمراقبة والمراقبة والمجاورة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة	
3. Have	e you ever been h	ospitalized?	⊠Yes		No	If yes	, please exp				TEO STIFEP	
tonio	wer Comments:		y y y y y y y y y y y y y y y y y y y				Mahadad William VVVVV 4100				IT WALVEST	

Interviewer Comments:

Donor ID# 6765

TVoc No			but not limited to un-			illa, pervic	, bladder or	abdominary
∐Yes 🗡	No	If yes	s please provide the fo					
Year Hospital				Type of Probler	m/Surgery			
	*							
5. Do you have any	allergies to drug	s, food	, or environment, such	n as hay fever?	☐ Ye	s	X No [Unsure
6. Are you taking ar taking and for how l		n med	ications, including vita	amins? 📈 N	lo 🗆	Yes F	Please list ar	ny you are currently
7. Are you taking ar	ny prescription m	edicati	ons? No 🗆]Yes Please	list any yo	ou are cur	rently taking	and for how long.
8. Do you use any r	performance enh	ancing	drugs, including stero	oids? □Yes	MNo	If so, p	lease list:	
9. Do you wear glas	sses?	Yes	□ No	How is your	vision w/o	glasses?	Excellen	t Good 🖅 Poor
10. Are you:	✓ Nearsighte		☐ Farsighted	You	ır vision is:	20/	⊠ Ur	nsure
11. Do you have an				yes, please expl				
			•			<u></u>	Fair D	oor Vosotorion
12. What is the con	dition of your tee	th? Ex	cellent 6000 Fair Po			Good		oor Vegetarian
13. Do you exercise	2: 4:	or more	times per week		mes per w	ieek	Neve	er/almost never
14. Describe your e	xercise routine:	RUN	ANU NA DAIN	かいてころい	D157A	ble.		
15. Have you ever l	nad a serious or	prolong	ged illness?	No	If yes, plea	ase explai	n:	
16. Do you take he	baths, hot tubs,	sauna	s or steam baths?	Daily	sm 🗆	Weekly	Infreq	juently
io. Do you take no	of the following?	×Υ	- /	please complete	e the follov	wing Infor	mation:	
		Use	Last Time Used			Frequer	cy of Use	Last Time Used
	Frequency of							
17. Do you use any		NER	7/4/12	Hallucinogen	S			The state of the s
17. Do you use any Marijuana	Frequency of	NER	7/4/18	Hallucinogens Anti-depressa				
17. Do you use any Marijuana Psychiatric Meds		UCR	7/4/18					
17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain		NCR	7/4/18	Anti-depressa	ants			
17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers		NCR	7/4/18	Anti-depressa Tranquilizers	ants			
17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates	Almost Ns		7/4/18	Anti-depressa Tranquilizers Amphetamine Other	ants es	w many p	er day?	
Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates 18. Do you smoke?	Almost No	How If yes		Anti-depressa Tranquilizers Amphetamine Otherd?	es If yes ho	ny alcoho		you consume in a

Page	6	of	12

		Market Mary	7/ /	
Donor	ID#		765	

21. F	lave you ever been o	exposed to	signifi	cant	amoı	unts c	of the fo	ollowing in	your livir	ig environi	nent, work	c or ho	bbles:	Ye	s 🗆 l	No
If yes			Тур	е				When		How	Often		Fo	r How I	Long	
Toxio	Chemicals												ermen neferien in merenna			
Drug	\$,			
Pest	icides												a1111111111111111111111111111111111111			
Fum	es/Exhaust/ Gases	SOWEN	77				N 5c	nool	ì×	iFredui	ENTLY	4	5,40/27	Pir	-1005	•
Flea	Powder/Sprays		,		**********							44		~		V-F-SAF I WARRANGE
Lead	l Products								1							
Asbe	estos Products		,,		hadaat taasat tat t											
Herb	icidal Products									.,,,,						444
Half-	Brother	netic diseas	ses tha	it run	Und	cle-Pa	iternal aternal mily?	~., , ,.,		Cousin e Known	ı-Paternal-	Male		15		and differential of
Plea	se indicate which of	the followi	ng med	dical	probl	ems :	уои ог	vour blood	relatives	have had	to the bes	st of yo	our kno	wledge	. Plea	ıse
Plea	k "No One" for each	the followi medical p	ng med roblem	dical liste	probl d abo	ve w	hich ha	vour blood	d relatives cted your	have had or any of	to the bes	y mem	our kno ibers. /Uncles		. Plea	ıse
Plea chec	se indicate which of k "No One" for each Medical Problem Birth Defects	the followi medical p	ng med roblem	dical liste	probl d abo	ve w	you or hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents Patemal	your famil Patemat	y mem	ibers.		-1957	Nor
chec	k "No One" for each Medical Problem Birth Defects	the followi medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe	relatives cted your Grand	have had or any of parents	your famil	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor
A 1	k "No One" for each Medical Problem Birth Defects Cleft Lip, palate	the followi medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents Patemal	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor
A 1	Medical Problem Birth Defects Cleft Lip, palate Club Feet	medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents Patemal	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor
A 1 2 3	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and the	medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents Patemal	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor
1 2 3 4	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and to	medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents Patemal	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Knov
A 1 2 3	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and the	medical p	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Knor X X X
1 2 3 4	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and I Down Syndrome Mental Retardation Unexplained infan	toes n t or	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Knoo X X X X
1 1 2 3 4 5 6	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and to Down Syndrome Mental Retardation Unexplained infanchildhood deaths Multiple family me	toes n t or mbers ease	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Kno
1 2 3 4 5 6 7	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and the Down Syndrome Mental Retardation Unexplained infanchildhood deaths Multiple family mewith same trait dis Individuals much shorter/taller than	toes n t or mbers ease rest of	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Knoo
1 2 3 4 5 6 7 8	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and the Down Syndrome Mental Retardation Unexplained infanchildhood deaths Multiple family mewith same trait dis Individuals much shorter/taller than family Individuals who lo	toes n t or mbers ease rest of ok nt	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor
1 2 3 4 5 6 7 8 8	Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and the Down Syndrome Mental Retardation Unexplained infanchildhood deaths Multiple family mewith same trait dis Individuals much shorter/taller than family Individuals who lounusual or different	toes n t or mbers ease rest of ok nt	roblem	liste	d abo	ve w	hich ha bling	your blood as not affe Maternal	d relatives cted your Grand	have had or any of parents	your famil Patemat	y mem Aunts	ibers. <i>I</i> Uncles	Cou	sins	Nor Know

Interviewer Comments:

Donor ID# 6765

	Medical Problem				Sil	oling		Grand	parents		Aunts/	Uncles	Cou	sins	
В	Skin Problems	You	М	F	М	·F	Matemal GM	Matemal GF	Patemal GM	Paternal GF	Α	υ	М	F	None Known
1	Adult Acne (not teen pimples)		2271 75												X
2	Eczema		111111111111111111111111111111111111111											4 1444	X
3	Psoriasis			d-monner	X			4		4		\$	***************************************	<u>,,</u>	
4	Skin Cancer (Melanoma)	Paraconamo E E		ļ		pyrapia apian adriał 18 km²/m²						**************************************			X
5	Skin Cancer (Basal Cell Carcinoma)	1													\times
6	Other Skin disorders									ng terahapi apagan					\times
	Medical Problem				Sil	oling			parents		Aunts	Uncles	Cou	sins	
C	Sight/Sound/Smell	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Deafness before age 60		A COMMO									()		louiserou (×
2	Significant hearing loss														
3	Deformity of the ear					,,,,	- Santamata, tat da tai 1971/71 191 191								X X X X X X X
4	Strabismus							Ì							×
5	Cataracts before age 60	<u> </u>													×
6	Macular Degeneration)												X
7	Blindness		<u> </u>												X
8	Color Blindness	Ì		·					Ì						X
9	Glaucoma				-										X
10	Anosmia (Lack of Smell)														×
11	Other sight/sound/smell disorders														X
3113	Medical Problem				Si	bling		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	parents	quantum managan	Aunts	/Uncles	Соц	isins	
D	Mental or Neurological	You	М	F	M	F	Matemal GM	Maternal GF	Paternal GM	Paternal GF	Α	IJ	M	F	None Known
1	Migraines	X	Praeserviers	***************************************			100		X		X	i dan di li dalama	i ki nasan irom daya dar	X	
2	Senility before 50					ð	DONU	12							X
3	Alzheimer's diseases (age of onset)														X
4	Parkinson's	3				1									X
5	Multiple sclerosis	***************************************		1											X
6	Cerebral palsy														^ X X X X
7	Autism/Mental Retardation		1		and the same of							1			×
8	Epilepsy or seizure		1		The second secon							1			×
9	Stroke	-			6	<u> </u>					1				X
10	Progressive Muscular Disorders						, , , , , , , , , , , , , , , , , , ,		AND THE PROPERTY AND TH				***************************************	<u></u>	×

Interviewer Comments:

12 BROTHER - VERY MILD PEOPLASSIS, OCCASIONALLY ON ENBOWS

DONOR - INTREQUENT MIGRANES ONSET IN ADOLESCENCE - HAGNT

HAD HEADACHE IN 2 YEARS.

Donor ID# 67/05

	Medical Problem				Si	bling	discount of the second	مستستن فينبث بالماشات	parents		Aunts	Uncles	Cot	isins	
D	Mental or Neurological Cont'd	You	M	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	A	U	М	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay				The state of the s			1	7		Annual An				X
12	Sleep Disorders	***************************************													×
13	Attention Deficit Hyperactivity Disorder (ADHD)	***	Andrew Law Agent Andrews Company		and the same of th			THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH							X
14	Hydrocephalus (Fluid on the brain)		-												X
15	Disorder of the spinal cord														X
16	Huntington's disease													Cont : Not of the Unit to National I	X
17	Degenerative Nerve Disorders				The state of the s										× × × × ×
18	Neurofibromatosis														×
19	Neural tube defect		\$41=171 F 1		1				Č66.075.1.76.07071.07071.000.00.1.1.1.070					Ì	X
20	Other diseases of the nervous system	***************************************			1		4				1	aly 11 to a 11 to 10 to			×
	Medical Problem				Si	bling			parents		Aunts	/Uncles	Cot	ısins	
E	Heart Problems or Circulatory	You	М	F	М	ÍF	Maternal GM	Matemal GF	Paternal GM	Patemal GF	A	U	M	F	None Known
1	Heart defects at birth						**************************************								×
2	Heart disease	***************************************		[]											X
3	Heart attack (age of onset)													***************************************	×
4	High Cholesterol														X
5	High Blood Pressure														× × × × ×
6	Cardiomyopathy														X
7	Sudden Death														\times
	Medical Problem				Si	bling		-	parents		Aunts	/Uncles	Cou	ısins	
F	Blood Problems	You	М	F	М	ŀF	Matemal GM	Matemal GF	Paternal GM	Patemal	Α	U	M	F	None Known
1	Anemia														×
2	Sickle-Cell anemia				1	<u> </u>					1				×
3	Hemophilia or other bleeding problems	<u> </u>						And the state of t							× × × ×
4	Polycythemia				 	·		\$			<u> </u>	***************************************			,×
5	Blood Clots					-	***************************************		n, amanda ang da anda di Nakila kila kila di da ana kand				***************************************	 	×
6	Other blood disorder			2				Annual States						1	\searrow
	Medical Problem				Si	bling		عقعة شاكانا أعاقبه أعقيته والهابية	parents		Aunts	/Uncles	Col	ısins	
G	Respiratory (Lungs)	You	М	F	М	F	Maternal GM	Matemal GF	Patemal GM	Paternal GF	Α	U	М	F	None Known
1	Hay Fever	<u> 1.0113 </u>		g 12.21.352	1000111	go 14.36 (*134	area Tablesia	godinen Totale (bil		you you T. B Chini la	gartes the eig		<u> </u>		X
2	Asthma	-		\$											×

nterviewer Comr	nents:				

Page 9 of 12

Donor ID# 6769

	Medical Problem				Sil	oling			parents		Auntsi	Uncles	Cou	isins	
G	Respiratory (Lungs) Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
3	Tuberculosis														×
4	Lung cancer														×
5.	Emphysema or Chronic Lung Disease									The second secon					X
6	Other lung disease														X
	Medical Problem				Si	bling			parents		Aunts,	Uncles	Cou	ısins	
H	Metabolic, Endocrine, or Autoimmune	You	M	F	М	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	A) 	М	F	None Known
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)				AND THE PERSON NAMED IN COLUMN 2 IN COLUMN					Application of a residence of the control of the co	A CALIFORNIA A CAL			2	×
2	Type II Diabetes (Adult Onset)									****	A STATE OF THE STA		-	******	×
2	Thyroid cancer		1		<u> </u>										×
3	Thyroid disease			1			İ	- A Parity of the Control							×
4	Goiter							-							X
5	Adrenal dysfunction or disorder	***************************************						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							× × ×
6	Other	4						To a constitution of the c							×
	Medical Problem				Si	bling		Grand	oarents		Aunts	/Uncles	Соц	ISINS	
ĺ	Gastro-intestinal Problems	You	М	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	A	U	М	F	None Known
1	Ulcer or stomach or duodenum														X
2	Gallstones				***************************************									3	X
3	Other liver disease													,	\times
4	Colon cancer														×
5	Intestinal cancer						The control of the co	qualita (Arigani)		personal transference					×
6	Ulcerative colitis	***************************************		1				1							X
7	Crohn's disease	THE RESERVE						VI BLOOM IN THE PARTY OF THE PA							X
8	Any other disease/problem of digestive system		10.00												×
	Medical Problem				Si	bling			parents		Aunts	/Uncles	Cou	ısins	
j	Urinary Problems	You	М	F	М	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	Α	Ü	М	F	None Known
1	Kidney disease			1						-		1			\times
2	Bladder Cancer									The state of the s		-			×
3	Kidney Cancer									- Control of the Cont				***************************************	×
4	Other disease of the Urinary tract (urethra, bladder, ureter)	The second secon									7			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	× × ×
5	Other, including born with one kidney or kidney failure	A			Photo and the second				-	VI E-1					×

Interviewer Comments:	· · ·		

Page 10 of 12

Donor ID#

	Medical Problem				Sil	oling		Grandı	parents		Aunts/	Unclas	Cot	ısıns	a fee differential
K	Problems of the Genital or Reproductive System	You	M	F	М	F	Maternal GM	Matemal GF	Paternal GM	Patemal GF	Α	U	М	F	None Known
1	Abnormally placed urethra (Hypospadius)	-													X
2	Premature Menopause or Ovarian Failure									and the state of t	AND ADDRESS OF THE PARTY OF THE			200	×
3	Fragile X Syndrome									and the same of				*****	\times
	Multiple Miscarriages														× × ×
3	Uterine fibroids														\times
4	Ovarian cysts				2000					Que s'estate de la constante d					\times
5	Cancer of cervix, ovaries or uterus											1			×
6	Ambiguous genitals (hermaphrodite)	1900													X
7	Other	A VA A INTE			and an agreement				Perferences a fix superprise						×
	Medical Problem				Sil	oling		Grand	parents		Aunts/	'Uncles	Cot	ısins	
М	Cancers	You	M	F	М	F	Maternal GM	Matemal GF	Patemat GM	Patemal GF	Α	U	М	F	None Known
1	Early onset cancer (before age 50)														×
2	Breast cancer													2	X
3	Ovarian Cancer				9	 								5	×
4	Colon Cancer														×
5	Lung Cancer			İ	300										X
6	Brain Cancer														×
7	Prostate Cancer	9									1		**************		X
8	Pancreatic Cancer	***************************************					7 Aur. 1944 Aug. 1947 A 1967 A 1967	\$							× × × ×
9	Leukemia	-					Ç	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WALLES AND AND AND AND AND AND AND AND AND AND		ATTEMPT TO SERVICE			×
10	Lymphoma	200													×
11	Any family member with more than one type of cancer	****						SALAMAN AND AND AND AND AND AND AND AND AND A			***************************************				×
12	Other cancer (Describe)	3 0000 N 00000 N 00000			The state of the s	and the second of the second	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	III ON THE PROPERTY OF THE PRO				2			\times
	Medical Problem				Si	oling		Grand	parents		Aunts	Uncles	Соц	jsins ,	
L	Mental Health Problems	You	М	F	М	F	Matemal GM	Matemal: GF	Paternal GM	Paternal GF	Α	U	M	F	None
1	Schizophrenia			10,500	politika 		OR OTHER	N. W. L.	, OM						Known
2	Manic-depressive illness (Bi-Polar)					The state of the s					Constant and the constant of t		4		×
3	Other mental health disorder requiring hospitalization					\$ 100 to		Section 1 and 1 an	Continue to a finish of the continue of the co		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			×
4	Severe depression with period of inability to function				Charles of particular contraction by						Principles of the American Control of the American				×

Interviewer Comments:		 	

Page 11 of 12

Donor ID# 🕢

	Medical Problem				Si	bling		Grandp	arents		Aunts/	Uncles	Cou	sins	
N	Problems of the Muscle, Bones, or Joints	You	М	F	M	F	Matemal GM	Vatema GF	Paterna GM	Patems GF	Α	U	М	F	None Known
1	Muscular dystrophy						The state of the s								\times
2	Degenerative Muscle Disorders			-											~
3	Lupus														.×
4	Scoliosis														\times
5	Spina bifida														\times
6	Osteoporosis														×
7	Arthritis (rheumatoid osteo, unknown type)								Annound the second	y nominana nome, y programa			•••••••••••••••••••••••••••••••••••••••		× × × × ×
8	Gout										\$10°00000000000000000000000000000000000				×
9	Other muscoskeletal disease				Michael Manage			and the same of the same							\times
10	Other chronic muscle disease														×
	Medical Problem				S	bling		Grandp	arents		. Aunts/	Uncles	Cou	sins	
0	Other Disorders	You	M	F	М	F	Matemal GM	Vatemε GF	Paterna GM	Paterna GF	A	U	М	F	None
1	Alcoholism	-	o et et elemen						CJIVI			dararkeral labalare	lhilimilmannet		Known
2	Drug abuse, misuse, or addiction							1						***************************************	X
3	Tay-Sachs			1	1	-				FINE STORY THE PROPERTY WORKS					X
4	Canavan Disease					·									\sim
5	Cystic Fibrosis														~
6	Gaucher's disease	1						\$							×
7	Familial Dysautonomia				İ	İ									×
8	Bloom syndrome	1						1							×
9	Fanconi anemia group C				d	1									\times
10	Glycogen storage disease type 1a							The state of the s							XXXXXXXX
11	Maple syrup urine disease														\times
12	Mucolipidosis type IV														\sim
13	Niemann-Pick disease														> <
14	Huntington's chorea														\sim
15	Marfan's disease														~
16	Gulliam-Barre														~
17	Wilson's disease														\sim
18	Adverse Reaction to Medications							Water & St. 100							×
19	Diagnosis of any known genetic syndrome							3							×
20	Missing teeth (from birth)		ļ.												\times
21	Any other condition not previously mentioned							***************************************					A COLUMN TO THE		×

ILITELAICAACI	COHMICIAS.	 	 	 	
<u></u>			 	 	