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 #: WOOD -

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# 6560

PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION
1. Current Age: 25 2. Today's Date: 4/1/10 3. Place of Birth (State or Country only):
4. Mo./Yr of Birth: 5. Height: 5'11" 6. Weight: 165 7. Eye Color Roun 8. Hair Color: Blowde
9. Hair (circle that apply): Balding Thin Average (hick) 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 (10) Are there twins in your family? Yes No If yes are they: (dentical) Fraternal
14. Family Background: Race: ☑ Caucasian ☐ Black ☐ Asian ☐ Latin ☐ Middle Eastern ☐ Other
15. Mother's Ethnicity: 1. POLISH 2. English 3. 4.
16. Father's Ethnicity: 1. Greek 2. English 3. 4.
17. Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian Jewish Irish American Cajun
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic
PART 1B – EDUCATION AND CAREER
1. Occupation: Cardener 2nd Occupation: Teacher
2. What was your high school GPA? 3. Are you currently in college? Yes
College/University GPA: 3.6 Degree: BA Majoriatin American Studies
Post Graduate GPA: Degree: Major:
4. What are your career goals? High School Teacher Professor
PART 1C - PERSONAL CHARACTERISTICS
1. Math Skill Ability: High
2. Mechanical Ability: Medium
3. Athletic Ability: Medium
4. Musical Ability: LOW
5. Foreign Language Ability: High
6. Artistic Ability: LOW
7. Special hobbies, talents and interests: DOGS, HIGNO, Urban Farming
8. Favorite Sport: BILMU 9. Favorite Food: Stir. FVV
10. Favorite Color: O'Ren 11. Favorite Pet: Toxto 150
12. Favorite Movie: Me Machine (1960) 13. Favorite Book or Author: KUV+ Vannegut
14. Favorite Music and/or Group(s): Grafeful Dead, Jeff Beck
15. Where would you like to travel and why?
Sooth America; see ancient cities and walk thran roads.

PART 1C - PERSONAL CHARACTERISTICS Confd	
1. How would you describe your personality? Easy acing	and fun lwing
2. Do you consider yourself to be more: Analytical/Rational or	ntuitive/Feeling
3. Why do you want to be a donor? I would love to share my good Start families.	genes and help people
4. Who do you most admire and why? PEOPLE WHO INC THEIR INES FOTH NAPPINESS A PRIORITY.	ne fullost and make
PART 2 - DONOR'S FAMILY INFORMATION (Please Cit	rcle choices and/or complete)
Do you have any children? Yes No If Yes, please comp	lete the following below:
Age: Sex: Health Problems:	
Age: Sex: Health Problems:	
Age: Sex: Health Problems:	
Have you been responsible for any other pregnancies? Y N If yes,	what year(s) did they occur?
3. DONORS FATHER Yr of Birth: 1952 Place of Birth: N	Y Eye Color: Black
The state of the s	ight Height: 5'10" Weight: 185
Complexion: Fair Medium Olive Light/Brown Mediu	m/Brown Dark/Brown Freckles: Yes (No
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: Teacher	Education: MA
Special skills or characteristics: MuSian	
List any past or present significant health problems:	
Is he more (circle one in each column): Optimistic/Pessimistic Assertion	e/Passive (Ceader Pollower Easy Going/Controlling
4. DONOR'S MOTHER Yr of Bight Place of Birth	a Eye Color Proun Hair Color: Red
Describe Hair: Balding Thin Average Thick Curly Wavy Stra	
Complexion: fair Medium Olive Light/Brown Medium	m/Brown Dark/Brown Freckles: Yes No
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: Land Scape Architect	Education: College .
Special skills or characteristics: GOVVMet Chef	
List any past or present significant health problems:	
ls she more (circle one in each column): Optimistic/Pessimistic Assertive	Passive Leader/Follower Fasy Going/Controlling

5.DON€	R'S SIBLING F	Half- Sibling ☐	Yr of B	982			Eye Colg	sive			iran	# 100ganuaria
Describe	Hair: Balding	Thin Averag	ge (Thic	k Curly	Wavy	Eti	aight	Height		١	Weight: DCC	
Complex	tion: (air)	Medium (Olive	Light/Bro	wn	Medi	um/Brown	Da	rk/Brown	Freckle	s: Yes	No
Bone Str	ructure: Sma	ll Medium	Large	Very I	arge	Vis	sion: E	xcellen	(Goog	l Fa	air Poor	
Occupat	ion: CV	je Ç				Ec	lucation:	HK	yn 5dx	∞		,
Special	skills or characte	eristics:										,
List any	past or present	significant heal	th proble	ms:							The second secon	
Is (s)he m	nore (circle one i	n each column): Optim	istic/Pessi	mistic	Ass	ertive/Pass	siv	Leader/Folk	wer	Easy Going/	Controlling
6.DON	OR'S SIBLING F	Half- Sibling	Yr of	Birth:			Eye Col	or:		Hair Co	olor:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Describe	e Hair: Balding	Thin Avera	ge Thio	k Curly	Wavy	St	raight	Heigh	t:	Ì	Weight:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comple	xion: Fair	Medium	Olive	Light/Bro	own	Med	ium/Brown	Da	rk/Brown	Freckle	es: Yes	No
Bone St	ructure: Sma	all Medium	Large	e Very	Large	V	sion: I	Exceller	nt Goo	d I	Fair Poo	or
Occupa	tion:					E	ducation:					
Special	skills or charact	eristics:		***************************************		Walter control of the						
List any	past or present	significant hea	ith proble	ems:								
Is (s)he	more (circle one	in each colum	n): Optim	nistic/Pess	imistic	Ass	ertive/Pas	sive	Leader/Foll	ower	Easy Going/	/Controlling
}	NDPARENTS (F		ورجيج ججائيت			nns)						
All the Real Polymorphisms (See Section 1997)	Place of Birth		Hair Color	Eye Color	Healtl	100	Decease	d/Age	Cause o	f Death		y Health olems:
MGM	Canada	78	Blooch	Blue	(Ġ) F	Р		W. W				A-W-V-V
MGF	Poland	84	Parown	Brown	℃ F	P		11000 TO THE TOTAL STREET		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		with WARACASTER THE STREET
PGM	14		Black	Porawn	G F	Р	7	1	Heart-	ailvre	2	
PGF	17		Brawn	Green	G F	Р	8	L	6080			in a reconstruction of the contraction of the contr
				00'-00-00-00-00-00-00-00-00-00-00-00-00-	524545740370	10000000	245 (225900 B 1000)	WWW.64888	7//5281888/Y512V84	stagingsi/gas/v		0)000000000000000000000000000000000000
PART	73 – DONOR	S PERSON	AL ME	DICALI	HISTO	RY I	Please	circle	choice)			gly dynastic tax manacion more anno anno more
1. Wha	it is your genera	state of health	?	Excell	lent	(Good	<i>(</i>	Fair	Poor		
2. Do y	ou have any cur	rent problems	with any	of the follo	wing?		×Nº				that apply):	
Skin Blood	Mouth Ears	Throat Bro	easts L	ungs He	eart S	Stoma	ch Intes	tines	Kidney E	ladder	Nervous Sy	stem
Eyes	Bowel Liver	Bones Mu	iscles E	Blood Vess	sels l	mmu	ne System	End	ocrine syster	n		

If yes, please explain:

X100

Yes

3. Have you ever been hospitalized?

5/27/2 Sm

Smolling

	Page 5 of 12
Donor ID#_	axo

A have you ever had surgery for (including but not limited to un-descended testicle(s), hemia, pelvic, bladder or abdominal) Yes	PART 3 – DONORS F	ERSONAL MED	ICAL F	IISTORY Cont'd				
Type of Problem/Surgery 1	4. Have you ever had	surgery for (inclu	iding bu	ut not limited to un-de	scended testicle	e(s), hern	ia, pelvic, bladder or a	abdominal)
5. Do you have any allergies to drugs, food, or environment, such as hay fever? Yes Q No Unsure 6. Are you taking any non-prescription medications, including vitamins? QNo Yes Please list any you are currently taking and for how long. 7. Are you taking any prescription medications? QNo Yes Please list any you are currently taking and for how long. 8. Do you use any performance enhancing drugs, including steroids? Yes QNo If so, please list: 9. Do you wear glasses? Yes ANO How is your vision wio 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 ANO 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: A or more times per week 1-3 times per week Never/almost never 14. Describe your exercise routine: Y - 2 N N N Yes, please explain: 15. Have you ever had a serious or prolonged illness? Yes N N 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? QYes N N If yes, please complete the following information: Frequency of Use Last Time Used Frequency of Use Last Time Used Anti-depressants Amphetamines	□Yes 🔍	0	If yes p					
6. Are you taking any non-prescription medications, including vitamins? 7. Are you taking any prescription medications? 8. Do you use any performance enhancing drugs, including steroids? 9. Do you use any performance enhancing drugs, including steroids? 9. Do you use any performance enhancing drugs, including steroids? 9. Do you wear glasses? 9. Do you wear glasses glasses 9. Do you wear glasses? 9. Do you wea	Year Hospital			I	ype of Problem/	Surgery		
6. Are you taking any non-prescription medications, including vitamins? 7. Are you taking any prescription medications? 8. Do you use any performance enhancing drugs, including steroids? 9. Do you use any performance enhancing drugs, including steroids? 9. Do you use any performance enhancing drugs, including steroids? 9. Do you wear glasses? 9. Do you wear glasses glasses 9. Do you wear glasses? 9. Do you wea								
6. Are you taking any non-prescription medications. Including vitamins? 7. Are you taking any performance enhancing drugs, including steroids? 8. Do you use any performance enhancing drugs, including steroids? 9. Do you wear glasses? 9. Do you wear glasses? 9. No 10. Are you: 10. Are you: 11. Do you have any hearing problems? 12. What is the condition of your teeth? Excellent Good Fair Poor 13. Do you exercise: 14. Describe your exercise routine: 15. Da you use any of the following? 16. Do you take hot baths, hot tubs, saunas or steam baths? 16. Do you take hot baths, hot tubs, saunas or steam baths? 17. Do you use any of the following? 18. Do you use any of the following? 19. Do you some? 19. Do you smoke? 19. Do you smoke? 19. Do you smoke? 19. Do you drink coffee? 19. Do you drink coffee?								
8. 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 Sho If so, please list: 9. Do you wear glasses? Yes No How is your vision w/o glasses? Excellen) Good Fair Poor 10. Are you: Nearsighted or Farsighted Your vision is: 20/20 Unsure 11. Do you have any hearing problems? Yes Sho 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: 7 - 2 N Walks Walks Walks Walks Walks 15. Have you ever had a serious or prolonged illness? Yes Sho 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? Stes No If yes, please complete the following Information: Frequency of Use Last Time Used Frequency of Use Last Time Used Anti-depressants Narcotic Pain Amphetamines Amphetamines 18. Do you smoke? Stes No How long have you smoked? Step No How many alcoholic drinks do you consume in a week? Per Month? Step No Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes No	5. Do you have any al	lergies to drugs,	food, o	r environment, such	as hay fever?	☐ Ye	s 💆 No 🗀] Unsure
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? Excellen Good Fair Poor 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 New 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: Y - Z Nr Walk Walk Clari Walk Clar	6. Are you taking any taking and for how lor	non-prescription ig.	medica	ations, including vitan	nins? 💢 No		Yes Please list an	y you are currently
9. Do you wear glasses?	7. Are you taking any	prescription med	lication	s? No DY	'es Please li	st any yo	u are currently taking	and for how long.
9. Do you wear glasses?	8. Do you use any pe	rformance enhai	ncing dr	rugs, including steroic	ls? □Yes	≱ No	If so, please list:	
11. Do you have any hearing problems?	9. Do you wear glass	es?	Yes	Ż₩0	How is your v	ision w/o	glasses? (Excellent	Good Fair Poor
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: 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? 17. Do you use any of the following? 18. Do you use any of the following? 19. Do you use any of the following? 19. Do you wanted a major radiation exposure or x-ray exposure, including in your line of work? 19. Do you drink coffee? 19. Do you drink coffe	10. Are you:	☐ Nearsighted	or	☐ Farsighted	Your	vision is:	20/ <u>20</u> 🗆 Un	sure
13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never 14. Describe your exercise routine: 4 - 2 mr Walks Wacy daily 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 Anti-depressants Frequency of Use Last Time Used Anti-depressants Frequency of Use Last Time Used Frequ	11. Do you have any	hearing problem	s? 🗌	Yes ⊠ No If ye	es, please expla	in:		andra 10.1 (5.1).
13. Do you exercise: 4 of more times per week 14. Describe your exercise routine:	12. What is the condi	tion of your teeth	? Exce	ellent Good Fair Poo	or How is your	diet?	Good Fair Po	oor Vegetarian
15. Have you ever had a serious or prolonged illness?	13. Do you exercise:	(40)	more t	times per week	1-3 tim	nes per w	eek Neve	r/almost never
15. Have you ever had a serious or prolonged illness?	14. Describe your ex	ercise routine:	12-	2nr walla	e wydoc	dai	ly	
16. Do you take hot baths, hot tubs, saunas or steam baths?	15. Have you ever ha	ad a serious or p		The second state of the second		,	ase explain:	
17. Do you use any of the following?						makanadii habadahka	THE CONTRACT STREET STREET STREET STREET STREET STREET STREET STREET STREET	MEMBERSHAM MEMBERSHAM (1888) AND STATE OF FREE PROPERTY OF FREE STATE OF THE STATE
Frequency of Use Last Time Used Frequency of Use Last Time Used	16. Do you take hot l	oaths, hot tubs, s	aunas	or steam baths?	Daily		Weekly 🔀 Infreq	uently
Marijuana Marijuana Mari	17. Do you use any	of the following?	ØÝe	s 🔲 No If yes, p	lease complete	the follo	wing Information:	3
Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates Other 18. Do you smoke? Yes No How long have you smoked? Yes No How many alcoholic drinks do you consume in a week? No Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes No Anti-depressants Tranquilizers Amphetamines If yes how many per day? If yes how many per day? How many alcoholic drinks do you consume in a week? Per Month? Yes No		Frequency of L	Jse	Last Time Used			Frequency of Use	Last Time Used
Cocaine Narcotic Pain Killers Barbiturates Other 18. Do you smoke? A yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Marijuana	OCCOSIONO		3 105 950	Hallucinogens		Andrew Comments	
Narcotic Pain Killers Barbiturates Other 18. Do you smoke? Yes No How long have you smoked? If yes how many per day? 19. Do you drink coffee? If yes, how many cups per day? Yes No How many alcoholic drinks do you consume in a week? Per Month? Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes	Psychiatric Meds	, F.				nts		
Barbiturates Other If yes how many per day? 1-2 C1(1)	Cocaine		.,	na financiana e e e e e e e e e e e e e e e e e e				
18. Do you smoke? ☑Yes ☐No How long have you smoked? 5 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		The state of the s	adica di consultano de a dicade		Amphetamine			
19. Do you drink coffee? If yes, how many cups per day? Week? Per Month? Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes	Barbiturates				Other			A
Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? ☐ Yes ☐ No	18. Do you smoke?	⊠Ýes □No	How lo	ong have you smoked	35 years			1-2 cig
	Yes No					week?_	5 Per Month	
	i a		exposi	ure or x-ray exposure	, including in yo	ur line of	work? ∐ Yes	NO 140
Interviewer Comments:				2441 F	100 000 000 000 000 000 000 000 000 000		aleman de la companya	

Interviewer Comments:

21. F	š:	Тур	е		1		When		How	Often	- 1	Fo	r How	Long	
	c Chemicals	- 7										PARTA MATERIA CAL			
Drug															
	icides														
	es/Exhaust/ Gases										······································			· · · · · · · · · · · · · · · · · · ·	
	Powder/Sprays														
	l Products		1										.,,		
	estos Products														
	icidal Products														
11010)										
DAE	RT 4 – DONOR AND FA	RAU V	MAC	חור	Λ'1 L	JIST/) PV								
	se indicate how many of each			-,11146 1,4141	ega i merendi se	~ *************	er i zaza di z		a Samu Lamento ngonida de	and allowing with the	ئىلىكىلىكىلىكىلىكىلىكىلىكىلىكىلىكىلىكىلى	Achii:		allan viry	
	ng-Brother	OI (IIIC II	OHOW		-Mate		Have.		Cousi	n-Materna	ıl-Fema	ale	7		
	ng-Sister				-Pate		<u></u>		Cousin	-Maternal	-Male		4		
	Brother			Uncl	e-Mat	ternal			Cousin	-Paternal	-Femal	е	义		
maii-							a		Countr				1		
Half-	Sister					iternal				-Paternal	-Male				
Half- Are t	here any known genetic diseas			in yo	ur fan	nily?	☐ Yes	None	Known			ur kno	wleda	Ple	ase
Half- Are t	here any known genetic diseas se indicate which of the followi k "No One" for each medical p	ng med	lical r	in yo	ur fan ems y ve wl	nily? rou or nich ha	Yes	d relatives ected your	Known have had or any of	to the be	st of yo	bers.	,		ase
Half- Are t Plea chec	here any known genetic diseas se indicate which of the followi k "No One" for each medical p Medical Problem	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes	d relatives ected your	Known have had	to the be	st of yo y mem	bers Uncles	Cou	sins	ase Non
Half- Are t	here any known genetic diseas se indicate which of the followi k "No One" for each medical p	ng med	lical r	in yo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand	have had or any of	to the be	st of yo	bers.	,		Non
Half- Are I Plea chec	here any known genetic diseas se indicate which of the followi k "No One" for each medical p Medical Problem	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non
Half- Are t Plea chec	here any known genetic diseas se indicate which of the followi k "No One" for each medical p Medical Problem Birth Defects	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non
Half-Are to Plea checo	here any known genetic diseases indicate which of the following "No One" for each medical posterior Medical Problem Birth Defects Cleft Lip. palate	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Knov
Half-Are I Plea chec	here any known genetic disease indicate which of the followik "No One" for each medical possible in the following series of th	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Knov X
Half-Are I Plea chec	here any known genetic disease indicate which of the followick "No One" for each medical possible Medical Problem Birth Defects Cleft Lip. palate Club Feet Extra fingers and toes	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Knov
Half-Are I Plea chec A 1 2 3 4	here any known genetic disease indicate which of the followik "No One" for each medical possible Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Knov X X X
Half-Are I Plea chec A 1 2 3 4	here any known genetic disease indicate which of the followick "No One" for each medical possible Medical Problem Birth Defects Cleft Lip. palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Knov X X X
A 1 2 3 4 5 6	here any known genetic disease indicate which of the followik "No One" for each medical p Medical Problem Birth Defects Cleft Lip. palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Non Know X X X X
Half-Are the Pleas check the Check t	se indicate which of the followick "No One" for each medical p Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Nor Know X X X X X
Half-Are t Plea chec 1 2 3 4 5 6	se indicate which of the followick "No One" for each medical p Medical Problem Birth Defects Cleft Lip. palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Nor Know
Haif-Are to Pleas check the Are to Pleas check the Are to Pleas check the Are to Pleas the	se indicate which of the followik "No One" for each medical p Medical Problem Birth Defects Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different	ng med roblem	lical p	in yo proble d abo	ur fan ems y ve wl	nily? rou or nich ha	Yes your blood as not affe	d relatives ected your Grand Matemat	have had or any of parents	to the be your famil Paternal	st of yo y mem	bers Uncles	Cou	sins	Nor Know

Page 7 of 12

Donor ID#

	Medical Problem				Sil	bling		Grand	parents		Aunis	/Uncles	Cou	usins	
В	Skin Problems	You	М	F	М	F	Matemal GM	Maternal GF	Paternel GM	Paternal GF	А	U	М	F	None Known
1	Adult Acne (not teen pimples	;)				-		Andreas to a hybridge							X
2	Eczema	×													
3	Psoriasis									* · · · · · · · · · · · · · · · · · · ·		:	,	·/· ··································	X
4	Skin Cancer (Melanoma)								:					:	V
5	Skin Cancer (Basal Cell Carcinoma)			· · · · · · · · · · · · · · · · · · ·				Address of the control of the contro	· · · · · · · · · · · · · · · · · · ·					:	X
6	Other Skin disorders									i		:		:	У
	Medical Problem				Sit	oling		Grand	parents		Auntsi	Uncles	Cou	snis	
C	Sight/Sound/Smell	You	М	F	M	F	Maternal GM	Maternal GF	Patemal GM	Petemal GF	Α	U	M	F	None
1	Deafness before age 60												· · · · · · · · · · · · · · · · · · ·	i	Known
2	Significant hearing loss			: : :			i	×80°		:	<u>.</u>	: :			
3	Deformity of the ear							/\ \C\ /		: :					
4	Strabismus									 					X
5	Cataracts before age 60					,								:	×
6	Macular Degeneration											,		: :	\searrow
7	Blindness														V
8	Color Blindness														~
9	Glaucoma								· 						X
 10	Anosmia (Lack of Smell)								· ·			S-1 -11 -11 -11			
11	Other sight/sound/smell disorders		, .						······································						×
	Medical Problem				Sib	ling		Grandp	arents		. Aunts/	Uncles	Cou	sins	
D	Mental or Neurological	You	M	F	M		Matemat GM	Matemal GF	Paternal GM	Paternal	Α	U	М	F	None
1	Migraines						Civi	GF	GIVI	GF					Known V*
2	Senility before 50														~
3	Alzheimer's diseases (age of onset)													** *** *** ***************************	X
4	Parkinson's														~
5	Multiple sclerosis														Ĵ
6	Cerebral palsy						· · · · · · · · · · · · · · · · · · ·								×
7	Autism/Mental Retardation														Ù
8	Epilepsy or seizure										:				X
9	Stroke	:												,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V
10	Progressive Muscular Disorders	:						:							7

Interviewer Comments:

TONOR - MILDECZEMA. ON LEGS

MGF-HEARING LUSS 80' DE

	Medical Problem	- Ar North House			S	bling		Grand	parents		Aunts	/Uncles	Cot	usins	
D	Mental or Neurological Cont'd	You	М	F	M	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	Ü	М	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay											1.04.7/4.4			X
12	Sleep Disorders														X
13	Attention Deficit Hyperactivity Disorder (ADHD)							The state of the s		A A A A A A A A A A A A A A A A A A A					×
14	Hydrocephalus (Fluid on the brain)							A COLUMN TO A COLU	A Barriery and the second seco	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			4.6 %		X.
15	Disorder of the spinal cord												4		' ×'
16	Huntington's disease										1				×
17	Degenerative Nerve Disorders		,					000000000000000000000000000000000000000							X
18	Neurofibromatosis		5										J		· /
19	Neural tube defect							A STATE OF THE STA		Å.,		<u> </u>			X
20	Other diseases of the nervous system	manifest to the same							1000	Employee and the second	The same and the s			-	X
	Medical Problem				Si	bling		Grand	parents		Aunts	/Uncles	Cou	isins	
E	Heart Problems or Circulatory	You	М	F	М	F	Matemal - GM	Maternal GF	Paternal GM	Paternal GF	Α	υ	М	F	None Known
1	Heart defects at birth		2										taga jaman kaga maja da da		Ϋ́
2	Heart disease		1	[]		1000		7							×
3	Heart attack (age of onset)								X77				-4-71,00,0000		1
4	High Cholesterol														X
5	High Blood Pressure		1												V
6	Cardiomyopathy														V
7	Sudden Death		ļ							1.14					X
	Medical Problem				Si	oling		Grand	parents		Aunts	Uncles:	Cou	sins	
F	Blood Problems	You	М	F	М	F	Matemal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None
1	Anemia							A CANADA PERSONAL PROPERTY.	and the second second				a in		Known
2	Sickle-Cell anemia											\$		<u></u>	V
3	Hemophilia or other bleeding problems							**************************************				To construct the second			V
4	Polycythemia	Andrew Comment of the State of				***************************************				A. I.,					X
5	Blood Clots														1
6	Other blood disorder														×
	Medical Problem				Sil	oling		Grand	parents		Aunts/	Uncles	Cou	sins	
G	Respiratory (Lungs)	You	M	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	None
 1	Hay Fever		. come			alan da percentina plan						***************************************			Known
2	Asthma		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		1	,,						~~~~	V

W Interviewer Comments: Plan - decembed age 77 [heart Attack

Page 9 of 12

Donor ID#

	Medical Problem		1::	Ļ:	Si	bling	1	Grand	parents		Aunts	/Uncles	Cou	ısins	
G	Respiratory (Lungs) Cont'd	You	М	F	M	F	Matemal GM	Matemal GF	Patemal GM	Patemal GF	Α	U	М	F	None Known
3	Tuberculosis														X
4	Lung cancer			:											×
5.	Emphysema or Chronic Lung Disease									X82					
6	Other lung disease									:					X,
	Medical Problem			<u></u>	Sil	nling		Grandı	parents		Aunts	/Uncles	Çoı	ısins	
Н	Metabolic, Endocrine, or Autoimmune	You	М	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	А	U	M	F	None Known
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)							And the formal of the first transfer of the							X
2	Type II Diabetes (Adult Onset)														V
2	Thyroid cancer			······································										;··································	X.
3	: Thyroid disease	· ····· · · ·							:			:			X
4	Goiter							Biological Company		i				·	X
5	Adrenal dysfunction or disorder							water of the final confidence of the factor						:	X
6	Other		5 - -	;								:	***************************************		X
	Medical Problem	······································] 		Sit	oling		Grand	parents		Aunts	/Lincles	Cou	sins	
}	Gastro-intestinal Problems	You	M	F	M	F	Matemai GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
1	Ulcer or stomach or duodenum						:								×
2	Gallstones			:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							X
3	Other liver disease			; : :											X
4	Colon cancer														X
5	Intestinal cancer			; : :										· · · · · · · · · · · · · · · · ·	X
6	Ulcerative colitis														V
7	Crohn's disease			:			:								\sim
8	Any other disease/problem of digestive system														X
	Medical Problem				Sib	oling		Grandp	arents		Aunts/	Uncles	Cou	sins	
j	Urinary Problems	You	М	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Kidney disease														X
2	Bladder Cancer														\times
3	Kidney Cancer														X
4	Other disease of the Urinary tract (urethra, bladder, ureter)														\prec
5	Other, including born with one kidney or kidney failure														X

H Interviewer Comments:
POF - COPD 82, GMOVER - decensed Zyrs go In

FRM-Don004-20090827-Donor History Form

Page 10 of 12

Donor ID#

	Medical Problem	kii:			Sil	oling		Grand	parents		Aunts	Uncles	Cot	aniau	
K	Problems of the Genital or Reproductive System	You	М	F	М	F	Matemai GM	Maternal GF	Patemal GM	Paternal GF	Α	U	М	F	None Known
1	Abnormally placed urethra (Hypospadius)	:							:			:			×
2	Premature Menopause or Ovarian Failure		-				-	and the same of th						:	×
3	Fragile X Syndrome														>
	Multiple Miscarriages														×
3	Uterine fibroids				:				:						×
4	Ovarian cysts								:	1	1	:	ĺ		`~
5	Cancer of cervix, ovaries or uterus														X
6	Ambiguous genitals (hermaphrodite)								:			: - : :			>
7	Other		: : :	ĺ				<u> </u>		! ! !,					λ
	Medical Problem				Sil	oling		Grand	parents		Aunts	Uncles	Cot	Isins	
М	Cancers	You	M	F	М	F	Maternal GM	Matemat GF	Paternai GM	Paternal GF	Α	U	M	F	None
1	Early onset cancer (before age 50)													:	X
2	Breast cancer	.,			:							}			λ
3	Ovarian Cancer									÷		}	 !		×
4	Colon Cancer	*************													χ
5	Lung Cancer	:						# ! :	; :	<u></u>	1	:			×
6	Brain Cancer		:												X
7	Prostate Cancer		 !									: :			X
8	Pancreatic Cancer								- : :		h				×
9	Leukemia										:	5			Σ
10	Lymphoma		-						:			:			×
11	Any family member with more than one type of cancer							-				-			X
12	Other cancer (Describe)			:					:						X
	Medical Problem	1			Sil	oling		Grand	parents		Aunts	Uncles	Cou	sins	
L	Mental Health Problems	You	Μ	F	М	F	Matemai GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None
1	Schizophrenia	L.,					Givi	GF.	Givi	i Gr					Known
2	Manic-depressive illness (Bi-Polar)							 : :							χ
3	Other mental health disorder requiring hospitalization	:													×
4	Severe depression with period of inability to function										:			:	X

Interviewer Comments:	

Page 11 of 12

Donor ID#

	Medical Problem				Si	bling	1 - 1	Grandp	arents		Aunts	/Uncles	Cou	isins	
N	Problems of the Muscle, Bones, or Joints	You	М	F	M	F	Maternal GM	vtatem: GF	Patema GM	⊃aterna GF	Α	U	М	F	None Known
1	Muscular dystrophy									:					1
2	Degenerative Muscle Disorders			1											χ
3	Lupus	1	1		1	:									X
4	Scollosis				:						: :				X
5	Spina bifida		1			········ ··· 	: :				[ļ		X X V
6	Osteoporosis	1		:		: :				:				1	V
7	Arthritis (rheumatoid osteo, unknown type)				:				**************************************		: : : :				X
8	Gout				· · · · · · · · · · · · · · · · · · ·			1		:					X
9	Other muscoskeletal disease														X
10	Other chronic muscle disease			:	 : :										Х
	Medical Problem				Sil	bling		Grandp	arents		Aunts/	Uncles	Cou	isins	
٥	Other Disorders	You	М	F	М	F	Matemal GM	vlaterni GF	¤aterna GM	paterna GF	Α	U	М	F	None Known
1	Alcoholism	!		:	·					X					
2	Drug abuse, misuse, or addiction														X
3	Tay-Sachs														X
4	Canavan Disease														X
5	Cystic Fibrosis														\times
6	Gaucher's disease														×
7	Familial Dysautonomia														X
8	Bloom syndrome			: :				:							\times
9	Fanconi anemia group C														Υ
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														λ
17	Wilson's disease														$\dot{\mathbf{x}}$
18	Adverse Reaction to Medications														X
19	Diagnosis of any known genetic syndrome							:							X
20	Missing teeth (from birth)	1										i			X
21	Any other condition not previously mentioned									-					X

10	Interviewer Comments:		
ļŢ	PGF - Alcoholic soporer	Medical disk Vanish	
	1 47 - MICHIEL TOCOVER CA	Stopped arming x sorrs	
		Δ.	