

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 #: C6739

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# 6739**PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION**

1. Current Age: <u>27</u>	2. Today's Date: <u>7.1.10</u>	3. Place of Birth (State or Country only): <u>CT</u>
4. Mo./Yr of Birth: <u>04/82</u>	5. Height: <u>5'8"</u>	6. Weight: <u>150</u>
7. Eye Color: <u>Brown</u>		8. Hair Color: <u>Brown</u>
9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly Wavy Straight		10. Freckles: None <u>Few</u> Numerous
11. Skin Color: Fair Medium Dark <u>Olive</u> Light Brn Reddish Brn Med. Brn Dark		
12. Are you: Left Handed <u>Right Handed</u> <u>Ambidextrous</u>		
13. Are you a twin? Yes <u>No</u> Are there twins in your family? <u>Yes</u> No If yes are they: <u>Identical</u>		
14. Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other		
15. Mother's Ethnicity: 1. <u>Portuguese</u> 2. <u>Polish</u> 3. 4.		
16. Father's Ethnicity: 1. <u>Spanish</u> 2. <u>Phillipines</u> 3. 4.		
17. Circle any group from which you descend: African <u>Mediterranean</u> 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: <u>Guitar Instructor</u>	2nd Occupation: <u>Classical Guitar Performer</u>
2. What was your high school GPA? <u>3.0</u>	3. Are you currently in college? Yes <u>No</u>
College/University GPA: <u>3.5</u>	Degree: <u>B.A. / Music</u> Major: <u>classical guitar</u>
Post Graduate GPA: <u>3.5</u>	Degree: <u>Masters of Music</u> Major: <u>classical guitar</u>
4. What are your career goals? <u>Music Professor at University - write music, travel, perform</u>	

PART 1C - PERSONAL CHARACTERISTICS

1. Math Skill Ability: <u>average</u>
2. Mechanical Ability: <u>working on building my own bike</u>
3. Athletic Ability: <u>Ultimate frisbee / Basketball / martial arts / running / yoga</u>
4. Musical Ability: <u>Guitar - some voice - trumpet</u>
5. Foreign Language Ability: <u>Spanish - some French</u>
6. Artistic Ability: <u>Art history - Love Modern Art</u>
7. Special hobbies, talents and interests: <u>writing poetry - hiking - science - philosophy</u>
8. Favorite Sport: <u>Tennis / Basketball / Boxing</u>
9. Favorite Food: <u>ceviche / sloppy Joe / mole</u>
10. Favorite Color: <u>Dark Blue</u>
11. Favorite Pet: <u>my aunts White Shepherd</u>
12. Favorite Movie: <u>I Heart Huckabees / Baraka</u>
13. Favorite Book or Author: <u>Krishnamurti / EE Cummings</u>
14. Favorite Music and/or Group(s): <u>Classical - Free Jazz - Regina Spektor, Rufus Wainwright, Mars Volta</u>
15. Where would you like to travel and why? <u>Japan, Peru, Egypt, Turkey</u> <u>Fascinated w/ ancient civilizations</u>

Interviewer Comments: _____

Donor ID#

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PART 1C -- PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? *Multi faceted - flexible - dynamic*
2. Do you consider yourself to be more: ☒ Analytical/Rational or Intuitive/Feeling *Both* ☐ Extrovert or Introvert
3. Why do you want to be a donor? *I identify with alternative families and am happy to help bring a child into the world who will be loved + nurtured.*
4. Who do you most admire and why? *My mother, for the sacrifices she has made as a single parent. + for the values she fostered like honesty, independence, creativity + open mindedness.*

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

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

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

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

3. DONOR'S FATHER

Yr of Birth: *1952* Place of Birth: *Spain* Eye Color: *Brown* Hair Color: *Brown*

Describe Hair: Balding ☐ Thin ☐ Average ☐ Thick ☐ Curly ☐ Wavy ☒ Straight ☐ Height: *5'8"* Weight: *170*

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: *Business Owner / Screen Printer* Education: *H.S.*

Special skills or characteristics: *everything*

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 *Both*

4. DONOR'S MOTHER

Yr of Birth: *1960* Place of Birth: *CT* Eye Color: *Green* Hair Color: *Brown*

Describe Hair: Balding ☐ Thin ☐ Average ☒ Thick ☐ Curly ☐ Wavy ☒ Straight ☐ Height: *5'3"* Weight: *130*

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: *BA / Psych + Education*

Special skills or characteristics: *Spanish - writing - dancing - the gift of gab.*

List any past or present significant health problems: *smoking related*

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

Interviewer Comments: _____

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5. DONOR'S SIBLING		Half-Sibling	Yr of Birth:	Eye Color:	Hair Color:			
M	<input checked="" type="radio"/> F	<input checked="" type="checkbox"/>	1989	Brown	Brown			
Describe Hair:		Balding	Thin	Average	Thick			
				Curly	Wavy			
				Straight				
Height:		5'2"		Weight: 115				
Complexion:		Fair	Medium	Olive	Light/Brown			
				Medium/Brown	Dark/Brown			
Freckles:		Yes		<input checked="" type="radio"/> No				
Bone Structure:		Small	Medium	Large	Very Large			
Vision:		Excellent		Good				
				Fair				
				Poor				
Occupation:		Bartender		Education: some college				
Special skills or characteristics: singing - writing - diving - wrestling								
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			
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
6. DONOR'S SIBLING		Half-Sibling	Yr of Birth:	Eye Color:	Hair Color:			
M	<input checked="" type="radio"/> F	<input checked="" type="checkbox"/>	1991	Hazel	Blonde/Brown			
Describe Hair:		Balding	Thin	Average	Thick			
				Curly	Wavy			
				Straight				
Height:		5'8"		Weight: 170				
Complexion:		Fair	Medium	Olive	Light/Brown			
				Medium/Brown	Dark/Brown			
Freckles:		Yes		<input checked="" type="radio"/> No				
Bone Structure:		Small	Medium	Large	Very Large			
Vision:		Excellent		Good				
				Fair				
				Poor				
Occupation:		Student		Education: in college				
Special skills or characteristics: wrestling, Baseball								
List any past or present significant health problems: mild asthma								
Is (s)he more (circle one in each column):		Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	Easy Going/Controlling			
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
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	CT	75	Brn	Brn	G F P			emphysema cholesterol
MGF	NY		Brn Red	Hazel	G F P	80	lung ca	
PGM	Spain		Brn	Brn	G F P	05	car accident	
PGF	Spain		Brn	Brn	G F P	70	heart disease	

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

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

Interviewer Comments:

LF

MGM + MGF - both smokers.

Pacific Reproductive Services

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

65 N. Madison Ave. Suite 610
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Email: info@pacrepro.com

ADDITIONAL SIBLINGSDonor ID #: 6739

DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/>	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1973</u>	Eye Color: <u>Bv</u>	Hair Color: <u>Bv</u>
Describe Hair: Balding Thin Average Thick <u>Curly</u> Wavy Straight		Height: <u>6'3"</u>	Weight: <u>190</u>	
Complexion: Fair Medium <u>Olive</u> Light/Brown Medium/Brown Dark/Brown		Freckles: <u>Yes</u> No		
Bone Structure: Small Medium <u>Large</u> Very Large		Vision: <u>Excellent</u> Good Fair Poor		
Occupation: <u>Chef</u>		Education: <u>Bachelors Culinary Arts</u>		
Special skills or characteristics: <u>owns restaurant - drummer</u>				
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 <input type="radio"/> F <input checked="" type="radio"/>	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1985</u>	Eye Color: <u>Br/Black</u>	Hair Color: <u>Br</u>
Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u>		Height: <u>5'0"</u>	Weight: <u>110</u>	
Complexion: Fair Medium <u>Olive</u> <u>Light/Brown</u> Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>		
Bone Structure: <u>Small</u> Medium Large Very Large		Vision: Excellent <u>Good</u> Fair Poor		
Occupation: <u>Artist / Event Planner</u>		Education: <u>BFA</u>		
Special skills or characteristics: <u>singer</u>				
List any past or present significant health problems: <u>allergies</u>				

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

TWINS

DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/>	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1993</u>	Eye Color: <u>Bv</u>	Hair Color: <u>Bv</u>
Describe Hair: Balding Thin Average Thick <u>Curly</u> Wavy Straight		Height: <u>5'1"</u>	Weight: <u>100</u>	
Complexion: Fair Medium <u>Olive</u> <u>Light/Brown</u> Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>		
Bone Structure: <u>Small</u> Medium Large Very Large		Vision: Excellent <u>Good</u> Fair Poor		
Occupation: <u>student</u>		Education: <u>High School</u>		
Special skills or characteristics: <u>honor roll - interested in pediatrics</u>				
List any past or present significant health problems: <u>dust allergies</u>				

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

Interviewer Comments: _____

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ADDITIONAL SIBLINGS

Donor ID #: 6739

DONOR'S SIBLING M <input checked="" type="radio"/> F <input type="radio"/>		Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1993</u>	Eye Color: <u>Br</u>	Hair Color: <u>Brown</u>	
Describe Hair: Balding Thin Average <u>Thick</u> Curly Wavy Straight				Height: <u>5'6"</u>	Weight: <u>120</u>	
Complexion: Fair Medium <u>Olive</u> Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>				
Bone Structure: Small Medium <u>Large</u> Very Large		Vision: <u>Excellent</u> Good Fair Poor				
Occupation: <u>Student</u>				Education: <u>High School</u>		
Special skills or characteristics: <u>Captain of Wrestling Team</u>						
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 <input type="radio"/> F <input type="radio"/>		Half-Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:	
Describe Hair: Balding Thin Average Thick Curly Wavy Straight				Height:	Weight:	
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes No				
Bone Structure: Small Medium Large Very Large		Vision: Excellent Good Fair Poor				
Occupation:				Education:		
Special skills or characteristics:						
List any past or present significant health problems:						

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

DONOR'S SIBLING M <input type="radio"/> F <input type="radio"/>		Half-Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:	
Describe Hair: Balding Thin Average Thick Curly Wavy Straight				Height:	Weight:	
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes No				
Bone Structure: Small Medium Large Very Large		Vision: Excellent Good Fair Poor				
Occupation:				Education:		
Special skills or characteristics:						
List any past or present significant health problems:						

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

Interviewer Comments: _____

Donor ID# 6739

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

2006CxGall bladder removal - stone5. Do you have any allergies to drugs, food, or environment, such as hay fever? ☒ Yes ☐ No ☐ Unsure6. Are you taking any non-prescription medications, including vitamins? ☐ No ☒ Yes Please list any you are currently taking and for how long.daily multivitamin7. Are you taking any prescription medications? ☐ No ☒ Yes Please list any you are currently taking and for how long.albuterol as needed for mild asthma - 1x month8. 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 Poor10. Are you: ☐ Nearsighted or ☐ Farsighted Your vision is: 20/ ☒ Unsure11. 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 Vegetarian13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never14. Describe your exercise routine: weight lifting / yoga / running / pilates15. 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 ☒ Infrequently17. 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	<u>1x MO</u>	<u>last month</u>	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? 10Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? ☐ Yes ☒ No
If yes, please explain:LF Interviewer Comments: 7. mild seasonal allergies.

Donor ID# 673921. 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	_____	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>2</u>
Sibling-Sister	_____	Aunt-Paternal	_____	Cousin-Maternal-Male	<u>1</u>
Half-Brother	<u>3</u>	Uncle-Maternal	<u>1</u>	Cousin-Paternal-Female	_____
Half-Sister	<u>3</u>	Uncle-Paternal	_____	Cousin-Paternal-Male	_____

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: _____

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	Medical Problem	You	M	F	Sibling	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles	Cousins	None Known
B	Skin Problems											
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
C	Sight/Sound/Smell											
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
D	Mental or Neurological											
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: _____

Donor ID#

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Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
D	Mental or Neurological Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
11	Learning Difficulties/ Special Ed/Speech Delay														
12	Sleep Disorders														
13	Attention Deficit Hyperactivity Disorder (ADHD)														
14	Hydrocephalus (Fluid on the brain)														
15	Disorder of the spinal cord														
16	Huntington's disease														
17	Degenerative Nerve Disorders														
18	Neurofibromatosis														
19	Neural tube defect														
20	Other diseases of the nervous system														
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
E	Heart Problems or Circulatory				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Heart defects at birth														
2	Heart disease									X ₇₃					
3	Heart attack (age of onset)									X ₇₀					
4	High Cholesterol						X								
5	High Blood Pressure														
6	Cardiomyopathy														
7	Sudden Death														
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
F	Blood Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Anemia														
2	Sickle-Cell anemia														
3	Hemophilia or other bleeding problems														
4	Polycythemia														
5	Blood Clots														
6	Other blood disorder														
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
G	Respiratory (Lungs)				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Hay Fever				X										
2	Asthma	X			X										

Interviewer Comments:

Brother - MILD PERSONAL ALLERGIES / MILD ASTHMA
 DONOR - MILD ASTHMA / USES INHALER PAPERET
 (N ONCE A MONTH)

Donor ID# 6739

Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
G	Respiratory (Lungs) Cont'd														
3	Tuberculosis														X
4	Lung cancer							X ₈₀							
5	Emphysema or Chronic Lung Disease						X ₁₅								
6	Other lung disease														X
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
H	Metabolic, Endocrine, or Autoimmune														
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		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
I	Gastro-intestinal Problems														
1	Ulcer or stomach or duodenum														X
2	Gallstones	X													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		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
J	Urinary Problems														
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:

DONOR - GALLSTONES / BLADDER SURGERY 2005
 MGF & MGM - Tobacco abuse

Donor ID#

6739

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

Interviewer Comments:

LF MCF Lung CA / smoker

Donor ID#

67391

N	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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 musculoskeletal disease															X
10	Other chronic muscle disease															X
O	Medical Problem	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	Mucopolidosis 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															
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

Interviewer Comments:

LF

AUNT: PENICILLIN ALLERGY.