# 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#:

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).

1. Current Age:	2. Today's Da	te: <b>つ</b> . 1	la	3. Place of Bi	rth (State o	r Country only):	CT	ginn jagta is faltat a ata base Maaseet ee
4. Mo./Yr of Birth:	5. Height: (			150	·	olor: Brown	8. Hair Color	Prom
9. Hair (circle that apply):	<u> </u>	<u> </u>			3	10. Freckles:		>
	f.		- 5-11	~		Numerous	Mad Dun	Desk
11. Skin Color; Fair Brn	Medium	Dark	Öliv	re ; Light !	3rn +	Reddish Brn	Med, Brn	Dark
12. Are you:	Left Handed		Rig	ght Handed		Ambidextrou	s )	-
13. Are you a twin? Yes Fraternal	(No) Ar	e there twins	s in you	r family? (Yes	) No	If yes are	they: Identic	al)
14. Family Background:	Race: 🖫 Cau	casian [	Black	k 🗌 Asia	n 🔲 L	atin	dle Eastern	Other
15. Mother's Ethnicity: 1.	Portugue	re 2.	Poli	5h	3.		4.	
16. Father's Ethnicity: 1.	Spanish	2.	Phil	lipms	3.		4.	49444999444994449999
17. Circle any group from w	hich you descen		n Ma vish	editerrapean Irish America			ench/Canadiar	ì
If Jewish, please circle one	of the following:	Asiar	1	As	hkenzai		Sephardic	
PART 1B – EDUCAT	ION AND CAI	REER			Society and their			
1. Occupation: (mitax	Instru	ctor		2nd Occupati	on: Cla	ttical Gui	tow Pert	ormer
2. What was your high scho		3.0		3. Are you cu	rrently in co		•	D
College/University GPA:	3.5	degree /	Mys	ic Panic st	uclies	Major: Class	ical gvite anic estv	Viet
Post Graduate GPA:	3.5	- 6				Major: Clad		
4. What are your career go.	als? Munic"	Professi	wat	Univers	,ty_U	write Mus	i'c, trave	1, perfor
PART 1C - PERSON	AL CHARAC	TERISTIC	<b>;s</b>					
	a./a.a.				_			
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2. Mechanical Ability: 3. Athletic Ability: 4. Musical Ability: 5. Foreign Language Ability:	Mangon timate fi utar - go Spanish	uislae mevoi n - 7	/94 ce - ome	slathal trump French	l/man eT		/Vunni	ng/yog
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2. Mechanical Ability: 3. Athletic Ability: 4. Musical Ability: 5. Foreign Language Ability: 6. Artistic Ability: 7. Special hobbies, talents 8. Favorite Sport County 10. Favorite Color: 7	MANGON timate for timate for Spanish thistom and interests: W 3/ Busketl OVICBIUE	nistaec me voi n - 71 1 - Lon Witing rall (B	/Ba	slathal trump french ladem try-hi 9. Favorite Fo 11. Favorite Fo	l/man eT tvt lling: pod: cev	tiul auto Science iche /Sle aunts W	e-philo SPYJe lite She	Sophy Mole
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PART 1C PERSONAL CHARACTERISTICS Cont'd
1. How would you describe your personality? Multi-face ted -flexible-dynamic
2. Do you consider yourself to be more: Analytical/Rational or Intuitive/Feeling Extrovert or Introvert
3. Why do you want to be a donor? I identify with abkemative families and am happy to help tring a child into the world who will be losed trivitived.
4. Who do you most admire and why? My mother, for the sacrifices she has made as a single parent to the values are fortered like honesty, independence, excativity topen mindedness.
PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)
Do you have any children? Yes (No) If Yes, please complete the following below:
Age: Sex: Health Problems:
Age: Sex: Health Problems:
Age: Sex: Health Problems:
2. Have you been responsible for any other pregnancies? Y (N)If yes, what year(s) did they occur?
3. DONORS FATHER Yr of Birth 1967 Place of Birth: Spain Eye Colon Hair Colon How
Describe Hair: Balding Thin Average Thick Curly (Wavy) Straight Height: 5'9" 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: Bugines, Owner /Screen Trinte Education: H.S.
Special skills or characteristics: eventhing
List any past or present significant health problems:
Is he more (circle one in each column): Optimistic/Pessimistic Assertive/Passive Ceader/Follower Easy Going Controlling
4. DONOR'S MOTHER Yr of Birth: [960 Place of Birth: CT Eye Colofyeen Hair Color: from
Describe Hair: Balding Thin Average Thick Curly (Vavy) Straight Height: 5'3" Weight: 130
Complexion: Fair (Medium) Olive Light/Brown Medium/Brown Dark/Brown Freckles: No
Bone Structure: Amail Medium Large Very Large Vision: Excellent Good Fair Poor
Occupation: Teacher Education: BA   Psych+Education

Interviewer Comments:

smolaing related

Keader/Follower

Easy Going/Controlling

Special skills or characteristics: Spunigh - Writing-clanning - the giftofgab.

List any past or present significant health problems:

Is she more (circle one in each column): Optimistic/Pessimistic Assertive/Passive

Blood

Eyes Bowel Liver Bones Muscles Blood Vessels

**Yes** 

3. Have you ever been hospitalized?

5.DONG	OR'S SIBLING	Half- Sibling	Yr of E	Birth: [9	<b>9</b> 9	Eye Co	lor: by	<b>/</b>	Hair Co	olor: Pyww	И
Describe	Hair: Balding	Thin Avera	ige (hig	k Curly	/ VVaVy	Straight	Height		2"	Weight: /[	9
Complex	xion: Fair (	Medium	Olve	Light/Br	own l	Medium/Brown	) Dar	rk/Brown	Freckle	es: Yes	6
Bone St	ructure: (Śma	II) Medium	Large	Very	Large	Vision:	Excellent	(G00	) F:	air Poo	r
Occupal	tion: But	nduer				Education:	-jw	colle	je:		
Special	skills or characte	eristics: Si	ιφίλα	- Wri	ting.	-divina	-wre	stling			
List any	past or present	significant hea	lth proble		lone						
ls (s)he n	nore (circle one i	n each column	): Opum	istic/Pess		Assertive/Pas	siv <sub>(</sub> Ł	.eader/Foll	ower	Easy Going/	Controlling
6.DQN	OR'S SIBLING	Half- Sibling	Yr of	Birth:		Eye Co	lor:Haz	7.0	Hair Co		rown
Describe	e Hair: Balding	Thin Avera	ige Thic			Straight	, <b></b>	5'8'	·	101-1-1-1	0
Comple		Medium	Olive	Light/Br	own	Medium/Browr	.À	rk/Brown	Freckle		(N)
Bone St	ructure: Sma	ıll Medium	Large	) <sub>Very</sub>	Large	Vision:	Excellen	Goo	d i	Fair Poo	or
Occupa	tion: Stu	dent				Education:	in	colle	[NP		
Special	skills or characte		i roest	ling,	BAGE	llad:		£ 410 - 4-		and their Pentalah and and a "a" is the hard of electric	******
List any	past or present					asthm	<b>6.</b>				
Is (s)he	more (circle one	in each colum	n): Optim	stic/Pess	simistic	Assertive/Pass	sive L	éader/Foll	ower	Easy Going/	Controlling
7. GRAN	NDPARENTS (P	lease circle on	ly one for	approprie	ate colum	ns)					
	Place of Birth	Living/Age	Hair Color	Eye Color	Health	ls: Decease	d/Age	Cause o	Death		y Health Jems:
MGM	CT	76	Bun	Bn	G Ð.	P				eniphy choles	yeur
MGF	NY		Mal	Herzel	GF	P So		lung	"Alla.		
PGM	Spain	A Constitution of the Cons	Brn	Prin	GF	P 05	6	twall	ident	*	
PGF	Spain		Brn	Bun	GF	P 70	)	hemte	liya	*	99.55 to 1 to
PART	3 – DONORS	S PERSON	AL MEI	DICAL F	HSTOR	Y (Please o	ircle c	hoice)			
	is your general s	A CONTRACTOR OF THE PROPERTY O		Excell	=	Good	Fa		Poor		
2. Do yo	ou have any curr	ent problems v	vith any o	f the follow	wing?	₽Ńo	□ y	res (c	circle all t	hat apply):	
Skin	Mouth Ears	Throat Bre	asts Lu	ıngs He	art Sto	mach Intest	ines K	(idney Bl	adder	Nervous Sys	tem

Interviewer Comments:

MOM + MOF - both GWOYERG.

☐ No

Immune System Endocrine system

If yes, please explain:

# **Pacific Reproductive Services**

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

65 N. Madison Ave. Suite 610 Pasadena, CA 91101 Tel: (626) 432-1681

### Email: info@pacrepro.com

	ADDITIONAL SIBLINGS	Donor ID #:	10											
	DONGR'S SIBLING Half-Sipling Yr of Birth:	Eye Color: Hair Color:	,											
	Describe Hair: Balding Thin Average Thick Curly Wavy	Straight Height: 6'3 Weight:	190											
-	Complexion: Fair Medium (Olive) Light/Brown	Medium/Brown Dark/Brown Freckles: (Ye	s) N											
	Bone Structure: Smail Medium Large Very Large	Vision: (Excellent Good Fair P	oor											
	Occupation: Chef	Education: Bachelors Culina	m A											
	Special skills or characteristics: OWNG YOU	***************************************												
-	List any past or present significant health problems:													
	ls (s)he more (circle one in each column): Optimistic/Pessimistic	Assertive/Passive (Leader/Follower (Easy Go	inoCont											
	DONOR'S SIBLENS Half-Sibling Yr of Birth: 185	Eye Cology/Bladt_Hair Color: Pr	····											
	Describe Hair: Balding Thin Average Thick Curly Wavy	Straight Height: 5'0" Weight:	110											
:	Complexion: Fair Medium Olive Light/Brown	Medium/Brown Dark/Brown Freckles: Ye	s 🕅											
	Bone Structure: Small Medium Large Very Large	Vision: Excellent (Good) Fair P	oor											
	Occupation: AVHIST / EVENTPlanner	Education: 13FA												
:-	Special skills or characteristics: Singly													
	List any past or present significant health problems: allergies													
į	is (s)he more (circle one in each column): Optimistic Pessimistic	Assertive/Passive (Leade)/Follower Easy Goi	ng/Conti											
)	DONOR'S SIBLING Half-Sibling Yr of Birth	Eye Color: Dv. Hair Color: Dv	•											
	Describe Hair: Balding Thin Average Thick Curly Wavy	Straight Height: 9'1" Weight:	100											
	Complexion: Fair Medium (Olive) Light/Brown	Medium/Brown Dark/Brown Freckles: Yes	• (No											
	Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair P	oor											
	Occupation: Student	Education: Hish School												
		interested in Decliatrics												
		allergies												
	s (s)he more (circle one in each column): Optimistic Pessimistic	(ssertive)Passive (eader)Follower Easy Goi												

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ADDITIONAL SIE	LINGS						Done	or ID#	: <i>[0</i>	/=	-
DONOR'S SIBLING (M) F	Half-Sibling	Yr of Birth:	10413	-	Eye Colo	(Fy	F	Hair C	olor:h	Von.	)
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Occupation:	ndent			Edu	cation:	high o	Schoo	) [		***************************************	
Special skills or charac	eteristics:	aptair	1 ef U	rest	ling	lecum					
List any past or preser	t significant healt	n problems:			-				P11 ** 1844 fat let let lad ook	of rad recent feet fall recent r	
s (s)he more (circle one	in each column)	Optimistic/	Pessimistic	Asser	ive/Passi	ve Lea	der/Folio	ower .	Zasy (	Going/C	Controlling
DONOR'S SIBLING M F	Half- Sibling	Yr of Birth:			Eye Colo	SF:		Hair C	olor:		
Describe Hair: Baldin	g Thin Averag	e Thick	Curly Wav	/y Str	aight	Height:			Weigh	t:	
Complexion: Fair	Medium C	live Lig	ght/Brown	Mediu	ım/Brown	Dark/6	3rown	Freckl	es: `	Yes	No
Bone Structure: Sn	nail Medium	Large	Very Large	Visi	on: E	xcellent	Good	F	air	Poor	
Occupation:				Edu	cation:		eletore to 17 months I belondado				
Special skills or charac	teristics:				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	95 - 5 ° 11 ° 12 ° 13 ° 14 ° 15 ° 15 ° 15 ° 15 ° 15 ° 15 ° 15					,
List any past or presen	t significant healtl	n problems:	en Lan Service e Lancad Sel Le Constitution				N - N - M - Admitted to the terrors of				
s (s)he more (circle one	in each column):	Optimistic/	Pessimistic	Asser	ive/Passi	ve Lea	der/Follo	wer	Easy (	Going/C	Controlling
DONOR'S SIBLING M F	Half- Sibling □	Yr of Birth:			Eye Colo	or:		Hair C	olor:		
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s (s)he more (circle one	in each column):	Optimistic/	Pessimistic	Assert	ive/Passi	ve Lea	der/Follo	wer	Easy (	Going/C	Controlling
nterviewer Commen	is:			***************************************				···			

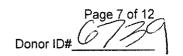
	□No	If yes	please provide the	following inform	nation:		
Year Hospital		•		Type of Probl	em/Surgery	<u>ı</u>	
-000	Cr			Gallyla	rddev	removal-5	tone
5. Do you have a	ny allergies to dru	gs. food,	or environment, su	ıch as hay fever	? <b>豆</b> Ye	es 🔲 No	☐ Unsure
taking and for how	, ,		cations, including v	ritamins?	No [	₩es Please list a	ny you are currently
	any prescription n			Tyes Pleas		ou are currently taking	
8. Do you use an	y performance ent	nancing d	rugs, including ste	roids?   Yes	Ū∕No	If so, please list:	
9. Do you wear g	lasses?	☐ Yes	□ No	How is you	ır vision w/c	glasses? Exceller	Good Fair Poo
10. Are you:	☐ Nearsight	ed or	☐ Farsighted	Yo	our vision is	: 20/ <b></b>	nsure
11. Do you have	any hearing proble	ems? 🗌	Yes ∰No	lf yes, please ex	plain:	- And All All All All All All All All All Al	66/24/66/6 / Lacker III 11 19 19 19 19 19 19 19 19 19 19 19 19
12. What is the co	andition of your te	eth? Exce	ellent (Good) Fair	Poor How is yo	our diet?	Good Fair P	oor Vegetarian
				1			
13. Do you exerc	ise: #	or more	times per week	> 1-3	times per v	veek Nev	er/almost never
***************************************		The state of the s	S 2				
14. Describe you	r exercise routine:	weigh	nt liftine	1/4090	·/ru	nning lpi	
14. Describe you	r exercise routine:	weigh	S 2	1/4090	·/ru		
14. Describe you	r exercise routine:	weig)	nt   ifting	1/4090	If yes, ple	nning lpi	iates
14. Describe you 15. Have you eve	r exercise routine: er had a serious or	weight prolonge	wt   iffine ed illness?   Yes or steam baths?	1 / 10 9 0 5	If yes, ple	nning (Pi	iates
14. Describe you 15. Have you eve	r exercise routine: er had a serious or not baths, hot tubs	weight prolonger, saunas	wt   iffine ed illness?   Yes or steam baths?	1 / 10 9 0 5	If yes, ple	Nuing [Pi] ase explain: Weekly Minfred	iates
14. Describe you 15. Have you eve 16. Do you take h	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weight prolonger, saunas	wt   i-f-tine ed illness?   Yes or steam baths? s   No   If yes	√ / YO Ø Ø s ☐No ☐ Daily s. please comple	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
14. Describe you 15. Have you eve 16. Do you take h 17. Do you use a	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weight prolonger, saunas	wt   iffine ad illness?   Yes or steam baths? s   No   If yes	√ / YO Ø Ø s ☐No ☐ Daily s. please comple	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
14. Describe you 15. Have you eve 16. Do you take h 17. Do you use a Marijuana Psychiatric Meds	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weight prolonger, saunas	wt   iffine ad illness?   Yes or steam baths? s   No   If yes	A / YO A A  Daily  Divining the second of th	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
14. Describe you 15. Have you eve 16. Do you take h 17. Do you use a Marijuana Psychiatric Meds Cocaine Narcotic Pain	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weight prolonger, saunas	wt   iffine ad illness?   Yes or steam baths? s   No   If yes	Daily s. please comple The Hallucinoger Anti-depress	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
14. Describe you 15. Have you eve 16. Do you take h 17. Do you use a Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weight prolonger, saunas	wt   iffine ad illness?   Yes or steam baths? s   No   If yes	Daily s. please comple Anti-depress Tranquilizer	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
14. Describe you 15. Have you eve 16. Do you take h 17. Do you use a Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of	weigh prolonge , saunas ? 风Ye f Use	wt   iffine ad illness?   Yes or steam baths? s   No   If yes	Daily s. please comple Anti-depress Tranquilizers Amphetamir	If yes, ple	Nuing (Pi) ase explain: Weekly Infred wing Information:	quently
15. Have you even 16. Do you take h 17. Do you use a Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers	r exercise routine: er had a serious or not baths, hot tubs ny of the following Frequency of  Y MD	weigh prolonge , saunas ? 风Ye f Use	wt   iffine and illness?   Yes or steam baths?   S   No   If yes   Last Time Used	Daily s. please comple Anti-depress Tranquilizers Amphetamir Other	If yes, ple	NWing IP I ase explain:  Weekly Infree wing Information:  Frequency of Use	Last Time Used

Hinterviewer Comments: 7. MId GRAGONAL AVELGIES.

Page 6 of 12 Donor ID#

Drugs Pestici Fumes Flea Pi Lead F	Chemicals  des  /Exhaust/ Gases  owder/Sprays  Products  os Products  idal Products			and American										on hi delet a come o	amori isi tetem
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check	indicate which of the follow "No One" for each medical Medical Problem	problem	liste	d abo	ve w	you or hich hi bling	as not affe	cted your	or any of	your family	y mem	bers. Uncles	\$71,24TC-14CC	ısins	136
	Birth Defects	You	M	F	М	F	Matemal	Maternal	Paternal	Paternal	Α	Ū	М	F	No
<u> </u>	Cloft Lin, polate						GM	GF	GM	GF		alacin Libraria	ini dalamini		Kno
	Cleft Lip. palate  Club Feet	:			<u> </u>			<u> </u>	: {						1
	Extra fingers and toes				.,			,	5						, ,
	Down Syndrome								<u>:</u>						\
)	Mental Retardation														1
	Unexplained infant or childhood deaths												:		>
	Multiple family members with same trait disease														X
	Individuals much shorter/taller than rest of family						THE COLUMN TWO IS NOT THE COLUMN TO THE COLU								X
	Individuals who look unusual or different														Y
0	Multiple miscarriages					]	ļ.,,,							<u> </u>	\
1	Stillbirths										.1	<u>.</u>	ļ		>

Interviewer Comments:



	Medical Problem				Sil	oling	balli eres	Grand	parents		Aunts/	Uncles	Cou	sins	
В	Skin Problems	You	М	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Adult Acne (not teen pimples)														V
2	Eczema							}							Ϋ́
3	Psoriasis														X
4	Skin Cancer (Melanoma)										VA. 1				$\setminus$
5	Skin Cancer (Basal Cell Carcinoma)		***								A STANDARD OF THE STANDARD OF				X
6	Other Skin disorders		***************************************												Χ
	Medical Problem				Sil	oling		waring war war	parents		Aunts	(Uncles	Cou	sins	
С	Sight/Sound/Smell	You	M	F	M	F	Maternal GM	Maternal GF	Patemal GM	Paternal GF	A	U	М	F	None Known
1	Deafness before age 60	alimate de la constitu			1				al containe containe de la conta			Agricultural de l'agricultural	***************************************	Lateral Conference	$\setminus$
2	Significant hearing loss					The state of the s									V,
3	Deformity of the ear														Ý,
4	Strabismus							The second of th							$\bigvee$
5	Cataracts before age 60		1		<u> </u>			dunion es l'interese es es in est est							$\bigvee$
6	Macular Degeneration			1		÷								·	$\bigvee$
7	Blindness	************************	***************************************												$\bigvee$
8	Color Blindness		7												Ŵ
9	Glaucoma					Ì					1				V
10	Anosmia (Lack of Smell)													:	X
11	Other sight/sound/smell disorders									Contact Audience of A. Colfe of A. S.					/X
	Medical Problem				Si	bling		ما المناهمة والما المناه والمنا المستخرم	parents	The state of the s	Aunts	/Uncles	Cou	isins	
D	Mental or Neurological	You	М	F	М	F	Matemal GM	Matemal GF	Patemal GM	Paternal GF	Α	U	M	F	None
1	Migraines	il manuare receive													V
2	Senility before 50														7
3	Alzheimer's diseases (age of onset)			1								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			X
4	Parkinson's											}			ΙŽ
5	Multiple sclerosis														X
6	Cerebral palsy		2		-		Mark of the state								X
7	Autism/Mental Retardation		200												X
8	Epilepsy or seizure		-												
9	Stroke		\$ and the second		1							19. 25.15.152			<i>'</i> '}
10	Progressive Muscular Disorders	************													X

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	Medical Problem				Sit	ling		Grandp	parents		Aunts/	Uncles	Cou	sins	
D	Mental or Neurological Cont'd	You	М	F	М		Matemal GM	Matémal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay				an a from 1 i 1 i i i i i i i i i i i	12001000 /		g ( laghi ga l f ann an mahadanan bh		as at account to account and account a		Anna Ban des III de in IV al in	/a.b. (		V
12	Sleep Disorders														X
13	Attention Deficit Hyperactivity Disorder (ADHD)					***************************************				radioside Partie Philips diselva A Pa					、 人
14	Hydrocephalus (Fluid on the brain)						7		Control of						X.
15	Disorder of the spinal cord		And the second												X
16	Huntington's disease	<u> </u>		ļ											X
17	Degenerative Nerve Disorders										San Carlotte				X)
18	Neurofibromatosis														X
19	Neural tube defect		1												*/
20	Other diseases of the nervous system									***************************************					X
	Medical Problem				Sil	oling			parents		Aunts	Uncles	Cot	isins	
E	Heart Problems or Circulatory	You	М	F	М	F	Matemal GM	Maternal GF	Paternal GM	Palemal GF	Α	U	М	F	None Known
1	Heart defects at birth										ļ				X
2	Heart disease		and the same of th						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X10					
3	Heart attack (age of onset)							J		X.70					
4	High Cholesterol						X								
5	High Blood Pressure														
6	Cardiomyopathy														X
7	Sudden Death						of an area of a second decards						<u> </u>		X
	Medical Problem				Sil	gnilo	ļ.,	//····································	parents		Aunts	Uncles	Cou	sins	
F	Blood Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Anemia	i de ingresionale à	سنستندين		1	i		, Barriera de Carteria de Carteria de Antonio que el colo		***************************************		Vicinia di Limeva			V
2	Sickle-Cell anemia			1		•									X
3	Hemophilia or other bleeding problems		in a second												X
4	Polycythemia						and the same of th								X
5	Blood Clots		and the same of		and the same of th										LY.
6	Other blood disorder				Car as Market Par		1 4 1 1 1								X
	Medical Problem				Si	oling		njenika nika aktiva	parents		Aunts	/Uncles	Cot	usins	
G	Respiratory (Lungs)	You	М	F	М	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
	a many control of the control of the first and the control of the		4	·				والمتاوية والمتاوي والمتاوية			فيتند شدسته مأعة		ganaininas	~	***************************************
1	Hay Fever				X						as annument				200

Interviewer Comments

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	Medical Problem				Sil	oling		Grandp	parents		Aunts	Uncles	Cou	ısins	
G	Respiratory (Lungs) Cont'd	You	M	F	М	F	Matemal GM	Matemal GF	Paternal GM	Patemal GF	Α	U	М	F	None Known
3	Tuberculosis		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												$\wedge$
4	Lung cancer					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X80					,,,,,,,,,,		
5.	Emphysema or Chronic Lung Disease					. 1860 in it of a beautiful and	Xx								
6	Other lung disease										A THE PARTY OF THE				X
755435 755455	Medical Problem				Sil	oling		Grand	parents		Aunts	/Uncles	Coi	ısins	
H	Metabolic, Endocrine, or Autoimmune	You	М	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Type I Diabetes ( Insulin Dependent, Juvenile Onset)		A TANKA TANKA TANKA TANKA					and the same of th							入
2	Type II Diabetes (Adult Onset)														X
2	Thyroid cancer														Υ
3	Thyroid disease							11-12-11	5 5 5 6 7 7						X
4	Goiter			<del></del>											X
5	Adrenal dysfunction or disorder		And the second s			***************************************									X
6	Other										***************************************				· X
	Medical Problem				Sil	bling		Grand	parents		Aunts	/Uncles	Cot	ısins	
	Gastro-intestinal Problems	You	M	F	M	F	Matemal GM	Matemal GF	Paternal GM	Patemal GF	Α	U	M	F	None Known
1	Ulcer or stomach or duodenum						The state of the s								X
2	Gallstones	X												į	
3	Other liver disease			1	·		4				***************************************				X
4	Colon cancer			1			\$15.11,-1								X
5	Intestinal cancer		l							<u> </u>	-		 [ [		X
6	Ulcerative colitis				<u> </u>						-			***************************************	X
7	Crohn's disease		ļ	·		ļ					4				X
8	Any other disease/problem of digestive system						Total Marian Control of the Control								X
	Medical Problem				Si	bling		Grand	parents		Aunts	/Uncles	Cot	usins	
J	Urinary Problems	You	М	F	M	F	Matemal GM	Maternal GF	Patemal GM	Patemal GF	Α	U	М	F	None Known
1	Kidney disease														X
2	Bladder Cancer			ĺ	<u> </u>		1				- Contraction		-		X
3	Kidney Cancer										de la companya de la			on Construction & Property of the Construction	Ι <u>γ</u>
4	Other disease of the Urinary tract (urethra, bladder, ureter)												-		X
5	Other, including born with one kidney or kidney failure														X

F Interviewer Comments:

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OF DEMONSTRUCTURED /

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	Medical Problem				Sil	oling		Grandı	parents		Aunts/	Uncles	Cou	isins	
ĸ	Problems of the Genital or Reproductive System	You	М	F	М	F	Matemal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
1	Abnormally placed urethra (Hypospadius)						The same of the sa				A Principal of the Prin				X
2	Premature Menopause or Ovarian Failure						and the set of the set								X
3	Fragile X Syndrome														X
	Multiple Miscarriages		and the second second			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									×
3	Uterine fibroids														$\langle \rangle$
4	Ovarian cysts		The second secon												X
5	Cancer of cervix, ovaries or uterus		The state of the s				The same of the sa								X
6	Ambiguous genitals (hermaphrodite)					//aa.ca./AYC##*.1*	And the second section of the section of		************************						X
7	Other	e enclaire a suite a res								Ì				deconvertings:	X
	Medical Problem		L		Sil	oling		Grandı	parents	y water a first contract of	Aunts	Uncles	Cot	sins	ļiesensteinensis —
M	Cancers	You	М	F	M	F	Matemal GM	Matemal GF	Patemal GM	Paternal GF	Α	U	М	F	None Known
1	Early onset cancer (before age 50)											Silvania kada	in territorio		7,
2	Breast cancer			\$ [ ]		6,-,					-				X
3	Ovarian Cancer														X
4	Colon Cancer								***************************************						X
5	Lung Cancer	·						X	\$4,111\$411,44,\$4 111					agin da anti da tanta da anti tanta tanta ta	
6	Brain Cancer			<u>.</u>			-			Í				!	X
7	Prostate Cancer				-		4	ļ							X
8	Pancreatic Cancer	<u></u>												<u> </u>	X
9	Leukemia													<u> </u>	X
10	Lymphoma				S. Control of the Con										X
11	Any family member with more than one type of cancer								7.7.44.4.4	***************************************					X
12	Other cancer (Describe)							1			, , , , , , , , , , , , , , , , , , , ,				X
	Medical Problem	<b>1</b> 500000			Sil	oling		Grandı	arents		Aunts/	/Uncles	Cou	ısins	
L	Mental Health Problems	You	M	F	M	F	Matemal	Matemal	Paternal	Paternal	Α	U	М	F	None
1	Schizophrenia						GM	GF	GM	GF	l antrikul Lakutus				Known
2	Manic-depressive illness (Bi-Polar)		<u> </u>				I make at 1 Napole of 1 / 10 may								X
3	Other mental health disorder requiring hospitalization										And Security of the control of the c				X
4	Severe depression with period of inability to function								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7				V

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	Medical Problem		Takar Jakar		Sil	oling		Grandparents			Aunts/	Uncles	Cousins		
N	Problems of the Muscle, Bones, or Joints	You	М	F	M	F	Matemal GM	Vatema GF	Patems GM	Paterns GF	Α	υ	M	F	None Known
1	Muscular dystrophy	A Land on tentral	inis ( )		anana pro-			i madan inda da iro meta	paggiot paging parabhantipas			adiani inaisia			X
2	Degenerative Muscle Disorders														$\langle$
3	Lupus	******************													Y
4	Scoliosis														X
5	Spina bifida						1.1								X
6	Osteoporosis			1											X
7	Arthritis (rheumatoid osteo, unknown type)														X
8	Gout														X
9	Other muscoskeletal disease														X
10	Other chronic muscle disease														Χ
	Medical Problem				Si	oling		Grandp	arents		Aunts/	Uncles	Cou	isins	
Ö	Other Disorders	You	M	F	M	F	Matemal GM	Matema GF	Paterna GM	Paterna GF	Α	U	M	F	None Known
1	Alcoholism														X.
2	Drug abuse, misuse, or addiction				*										X
3	Tay-Sachs											***************************************			X,
4	Canavan Disease								at to to the to the to the to					-	X
5	Cystic Fibrosis							<u></u>							X
6	Gaucher's disease				ļ.,,,,	} 					L			: : :	X
7	Familial Dysautonomia									: : :		en e	hararan arang		X.
8	Bloom syndrome									: : : : :					X
9	Fanconi anemia group C						,				J			, , , ,	X
10	Glycogen storage disease type 1a														X
11	Maple syrup urine disease				<u></u>		//						ļ		X
12	Mucolipidosis type IV														X
13	Niemann-Pick disease								]		<u> </u>		<u> </u>		$X_{\perp}$
14	Huntington's chorea											,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:	X
15	Marfan's disease								<u> </u>					<u>.</u>	X,
16	Gulliam-Barre											<u> </u>			X
17	Wilson's disease						/ *************************************								
18	Adverse Reaction to Medications									· · · · · · · · · · · · · · · · · · ·	X				
19	Diagnosis of any known genetic syndrome									: :					×
20	Missing teeth (from birth)					ļ				:					X
21	Any other condition not previously mentioned									:				<u> </u>	$\times$

Interviewer Comments:	
XUNT PENGLIN ALEROY.	