## DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 4857

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).

Interviewer Comments:

PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION
1. Current Age: 23 2. Today's Date: 7 13 10 3. Place of Birth (State or Country only): California.
4. Mo. Yr of Birth: 4/87 5. Height: 5'8' 6. Weight: 155 7. Eye Color: Green 8. Hair Color: Brown
9. Hair (circle that apply): Balding Thin Average Dick 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 Are there twins in your family? Yes No If yes are they: Identical Fraternal
14. Family Background: Race: Caucasian Black Asian Latin Middle Eastern Other
15. Mother's Ethnicity: 1. Italian 2. German 3. Persian 4.
16. Father's Ethnicity: 1 Irish 2 Portugese 3. 4.
17. Circle any group from which you descend: African Madterranean Middle Eastern French/Canadian  Jewish Circle American Cajun
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic
PART 1B – EDUCATION AND CAREER
1. Occupation: Chiropractic Stwent 2nd Occupation:
2. What was your high school GPA? 3. Are you currently in college? No
College/University GPA: 3.50 Degree Pre-Chiropractic Major: Pre-Chiro.
Post Graduate GPA: 3.50 Degree: Doctor of Chiroprack: Major:
4. What are your career goals? To have my own private Chiropractic Practice
PART 1C - PERSONAL CHARACTERISTICS
1. Math Skill Ability: Above Average
2 Mechanical Ability: Above Average
3. Athletic Ability: Aloove Average
4. Musical Ability: Average
5. Foreign Language Ability: Average
6. Artistic Ability: Average
7. Special hobbies, talents and interests: Sports, Snowboarding, Camping
8 Favorite Sport: Baseball 9 Favorite Food: Chicken
10 Favorite Color: Www. 11 Favorite Pet: Dog
12 Favorite Movie: I am Legend 13. Favorite Book or Author: Tom Clancy
14 Favorite Music and/or Group(s): Rock / Alternative - Cod play
15. Where would you like to travel and why? Australia - I would really like to see the country and Animals
ine world and known last

PART 1C PERSONAL CHARACTERISTICS Cont'd
1. How would you describe your personality? Very Friendly and Relaxed
1. How would you describe your personality? Very Friendly and Relaxed 2. Do you consider yourself to be more:   Analytical/Rational or Intuitive/Feeling   Extroveror Introvert
3. Why do you want to be a donor? I want to help Families who have had trouble or cannot have children. Family is very important to me and I Feel that everyone who wants should have that opportunity.
4. Who do you most admire and why? My Mother, because she is so caring, puts even one else before herself and has sacrificed so much to be the best mother she can be.

PART 2 – DONOR'S FAMILY INFORMATION (Please	
1. Do you have any children? Yes No If Yes, please co	mplete the following below:
Age: Health Problems:	
Age: Sex: Health Problems:	
Age: Sex, Health Problems:	
	or conor a
3. DONORS FATHER Yr of Birth: 958 Place of Birth	Eye Color: GRN Hair Color: Brown
Describe Hair: Balding Thin Average Thick Curly Wavy	Straight Height: 5'10" Weight: 175
Complexion: Fair Medium Olive Light/Brown Me	dium/Brown Dark/Brown Freckles; Yes No
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: Aramark Sales	Education, Some College
Special skills or characteristics: Very good At Sp	orts
List any past or present significant health problems:	
Is he more (circle one in each column): Optimistic Asse	rtive/Passive Leade/Follower Easy Going/Controlling
4. DONOR'S MOTHER Yr of Birth: 1958 Place of Birth:	Minois Eye Color: BRUN Hair Color: BRUN
Describe Hair: Balding Thin Average Thick Curly Wavy	Straight Height: 5' " Weight: 130
Complexion: Fair Medium Olive Light/Brown Me	dium/Brown Dark/Brown Freckles: Yes No
Bone Structure: Small Medium Large Very Large	Vision: Excellent Good Fair Poor
Occupation: Rayroll	Education: Some College
Special skills or characteristics: Very Reliable	<u> </u>
List any past or present significant health problems:	
Is she more (circle one in each column): Optimistic Pessimistic	rtive/Passive (eader) Follower (asy Going) Controlling
Interviewer Comments:	

5.DO	OR'S SIBLING	Half- Sibling  ☐	Yr of	Birth: 10	184.		Eye Color;	Brown	Hair C	Color: Brown
Descrit	oe Hair: Balding	Thin Aver	age Thi	ck Curl	y Wav	/ S	traight F	leight: 5'8"		Weight: 150
Comple	exion! Fair (	Medium	Olive	Light/B	rown	Med	lium/Brown	Dark/Brown	Freckl	les: Yes 🚫
Bone S	Structure: Sma	all Medium	) Larg	e Very	Large	V	ision Exc	cellent Good	F F	air Poor
Occupa	ation: Wor	KS FO	Y 3	Prin	+	E	ducation: P	pachelor	-s I	Degree
	I skills or characte					N	<i>Tusicia</i>	.r		
List an	y past or present	significant hea	aith proble	ems:	Jon	سو	01	- Lisabio Languagna agua		
ls (s)he	more (circle one i	n each colum	n): Optin	nistid/Pes	simistic	ASS	sertive Passiv	Ceader/Pollo	wer (	Easy Going/Controlling
6.DO	OR'S SIBLING	Half- Sibling □	Yro	F Birth: 19	88		Eye Color	SREEN	Hair C	Brain
Describ	e Hair: Balding	Thin Aver	age Thi	Curly	y Wavy	s S	traight	leight: 5 '9 "		Weight: 160
Comple	exion: Fair	Medium	Olive	Light/Br	rown	Med	lium/Brown	Dark/Brown	Freckl	es: Yes No
Bone S	structure: Sma	III (Medium	Large	e Very	Large	V	ision: Exc	ellent Good	D	Fair Poor
Occupa	ation: Stud	<del>tent</del>			1,000	E	ducation:	n Colle	ge	
Specia	skills or characte	eristics: Vex	Y 6	od	at-	Jo	umali	5m		
	past or present				done				\$10 kg	
Is (s)he	more (circle one	in each colum	nn) Optin	nistic Pess	simistic	Assi	ertive Passive	(Leader Bollo	wer	Easy Going/Controlling
7. GRA	NDPARENTS (P	lease circle or	nly one for	approprie	ate colun	nns)				
	Place of Birth	Living/Age	Hair Color	Eye Color	Health	ls:	Deceased/A	ge Cause of	Death	List any Health Problems:
MGM	Illinois	80	GRY	CRN	<b>©</b> F	Р				Low Back Pain
MGF	US		PRUN	Ben	GF	P	88	Heart A	Htac	K
PGM	US	GENER			G F	Р	70	Breast	CA-	
PGF	US				G F	Р	79	Heart	AHad	ck
DADT	3 DONORS	DEBCON	A: NE	NCAL L	Netor					
	3 - DONORS t is your general s	A District Commission of the C		Excell	and the same	The second	Good	Fair	Poor	ormale respective and approximate of the last of the first section and the section of the last of the
2. Do y	ou have any curre	ent problems v	vith any o	f the follow	wing?	t		☐ yes (ci	ircle all t	that apply):
Skin Blood	Mouth Ears	Throat Bre	asts Lu	ungs He	art St	omac	ch Intestine	s Kidney Bla	dder	Nervous System
Eyes	Bowel Liver	Bones Mu	scles Bl	ood Vesse	els Im	mune	e System E	ndocrine system		
3. Have	you ever been h	ospitalized?	□Yes	8	No I	f yes,	please expla	in <sub>'</sub>		1
ntervie	wer Comments:			and a feetful characters.					de a serveta receviana	HELTONIONINI SONO CAURIO POLICIO POR CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO C

# **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				or ID #:_	(000)
DONOR'S SIRLING Half-Sibling Yr of Birth: 1992		Eye Colo	or: Creen	Hair Colo	Brown
Describe Hair: Balding Thin Average Thick Curty Williams	avy S	traight	Height: 5'/"	W	eight: / 00
Complexion: Fair Medium Olive Light/Brown	Med	ium/Brown	Dark/Brown	Freckles:	Yes (No)
Bone Structure: Small Medium Large Very Large	e Vis	sion: E	xcellent Good	S Fair	Poor
Occupation: Student	Ec	lucation:			***************************************
Special skills or characteristics: Very good 5%	nesli	_			
List any past or present significant health problems:	re				The state of the s
s (s)he more (circle one in each column). Optimistic/Pessimistic	C (Asse	rtive/Passi	ve Leader Follo	wer (€	asy Going Controlling
DONGR'S SIBLING Half-Sibling Yr of Birth:	t	Eye Colo	r: Meen	Hair Colo	s nown
Describe Hair: Balding Thin Average Thick Curly We	avy St	raight	Height: 5 7	W	eight: 130
Complexion: Fair Medium Olive Light/Brown	Med	ium/Brown	Dark/Brown	Freckles:	Yes No
Bone Structure: Small Medium Large Very Large	e Vis	sion: E	xcellent Good	Fair	Poor
Occupation: Student	Ed	ucation:	***************************************		
Special skills or characteristics: Athletic					
List any past or present significant health problems:	ne				
s (s)he more (circle one in each column). Optimistic Pessimistic	Asse	nive Passi	ve Leader/Follo	wer (E	sy Going/Controlling
DONOR'S SIBLING Half- Sibling Yr of Birth:		Eye Colo	Г:	Hair Colo	T <sub>e</sub>
Describe Hair: Balding Thin Average Thick Curly We	avy St	raight	Height:	W	eight:
Complexion: Fair Medium Olive Light/Brown	Medi	um/Brown	Dark/Brown	Freckles:	Yes No
Bone Structure: Small Medium Large Very Large	e Vis	sion: E	cellent Good	Fair	Poor
Occupation:	Ed	ucation:	MARA H. da		
Special skills or characteristics:	e anno di manta	ALL CALLED TO A STATE OF THE ST	AND STREET, ST		
List any past or present significant health problems:				uare (reprintable) providing a records o	COMPANY DECEMBER OF COMPANY COMPANY OF COMPANY COMPANY OF COMPANY COMP
s (s)he more (circle one in each column); Optimistic/Pessimistic	Asse	rtive/Passi	ve Leader/Follo	wer Ea	asy Going/Controlling
Interviewer Comments:			ECACOTT OILO		as, consuming

Interviewer Comments: \_\_

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PART 3 - DONORS PERS	ONAL MEDICA	AL HISTORY Cont'd				
4. Have you ever had surge	ery for (includin	g but not limited to un	n-descended tes	sticle(s), her	nia, pelvic, bladder o	r abdominal)
□Yes <b>LEN</b> o	If ye	es please provide the	following inform	nation:		
Year Hospital	λ:		Type of Probl	em/Surgery		
<u> </u>						
5. Do you have any allergie	s to drugs. food	d, or environment, suc	ch as hay fever	? 🗌 Ye	s WNo	☐ Unsure
6. Are you taking any non-p taking and for how long.	rescription med	dications, including vi	tamins?	<b>№</b> □	Yes Please list a	ny you are currently
7. Are you taking any presc	ription medicat	ions? No	∃Yes Pleas	se list any yo	ou are currently taking	g and for how long.
8. Do you use any performa	ince enhancing	drugs, including ster	oids?	LH6	If so, please list:	\$
9. Do you wear glasses?	Vers Vers	□No	How is you	r vision w/o	glasses? Excellen	t Good Fair oor
10. Are you:	earsighted or	Farsighted	Yo	ur vision is:	20/	nsure
11. Do you have any hearin	g problems?	Yes No If	yes, please exp	olain:		
12. What is the condition of	your teeth? Ex	celler Good Fair P	oor How is yo	ur diet?	Good Fair P	oor Vegetarian
13. Do you exercise:	4 or mor	e times per week	1-3	times per w	eek Neve	er/almost never
14. Describe your exercise	routine: We	ight lifting	3x/W	k, Ca	ardio 2x1	WK
15. Have you ever had a se	rious or prolong	ged illness?   Yes	DNO	If yes. plea	se explain:	
16. Do you take hot baths, f	ot tubs, sauna	s or steam baths?	☐ Daily		Weekly Hinfreq	uently
17. Do you use any of the fo	ollowing?	es 🖽 🗸 If yes.	please comple	te the follow	ring Information:	
Frequ	ency of Use	Last Time Used			Frequency of Use	Last Time Used
Marijuana			Hallucinogen	is	indianal (inicial trainer) no in provincia mandriani e printi e	Commission Scillisters in State 1992
Psychiatric Meds			Anti-depress	ants	(A) 11 (A)	
Cocaine			Tranquilizers	,	***************************************	1
Narcotic Pain Killers			Amphetamin	es	Company of the second s	
Barbiturates			Other			
18 Do you smoke? □Yes	Mo How I	ong have you smoke	d?	If yes how	many per day?	
19. Do you drink coffee?	If yes	, how many cups per	day?	How man week?	y alcoholic drinks do Per Month?	
Have you ever had a major If yes, please explain:	radiation expos	ure or x-ray exposure	e, including in yo	our line of w	ork?	DNo.

If ye	s:		Тур	е				When		Н	w Often		Fo	or How L	ong	
Tox	ic Chemicals		V-10-74-10	Les Chellosses			(a) a lea terre o			and the limit like the sixting library and an	nemental principal de la maria de la constitución d	te la na terrena de la constanta de la constan	**********	resplanted and an income	entra incluium natural d	Address of P
Dru	gs			ere e en	***************************************					**************************************				THE STATE OF THE S		
Pes	ticides	THE STREET SHIPS SHIPS SHIPS		and the second second			A/M WAS GITTED		and desired streets		-01-10111111111111111111111111111111111					
Fun	nes/Exhaust/ Gases				attigit, Per interior	1				***************************************		Î				
Flea	Powder/Sprays						***************************************		***************************************	Pakelof (Pakelonia)				######################################		
Lea	d Products		60 S 64 Y S 6 Y S 6	V			v			**************************************	- Annenia anna	i			SMNH-Likuaniörrö Ni	
Asb	estos Products							,.	,			- Course ou to take o				
Her	bicidal Products								J.		<i>y</i>		-11			
Half	-Sister U	<del>,</del>					ternal iternal	Ī			in-Paterna in-Paterna			Ŏ	10.00	Annual Street
Plea	there any known gene use indicate which of the ck "No One" for each n	ne following	medi	ical p	roble	ems y	ou or	your bloo	d relativ					wledge.	Pleas	se
Plea	ise indicate which of the	ne following	medi	ical p	roble	ems y	ou or	your bloo	d relativected yo	es have ha		ly men		wledge.		se
Plea	ise indicate which of the	ne following nedical prob	medi	ical p	roble	ems y	ou or	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	bers.			Non
Plea che	use indicate which of the control of	ne following nedical prob	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood s not affe	d relativected you	es have ha our or any o	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher	se indicate which of the whole	ne following nedical prob	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleached	se indicate which of the "No One" for each no Medical Problem  Birth Defects  Cleft Lip, palate	ne following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher	se indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet	ne following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher	se indicate which of the "No One" for each of Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and to	ne following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher	se indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too Down Syndrome	ne following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher cher 1 1 2 3 4	se indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too Down Syndrome  Mental Retardation  Unexplained infant of	ne following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher cher 1 1 2 3 4 4 5 6	see indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too Down Syndrome  Mental Retardation  Unexplained infant of childhood deaths  Multiple family mem	es following nedical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher  1 2 3 4 5 6	ise indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too Down Syndrome  Mental Retardation  Unexplained infant of childhood deaths  Multiple family mem with same trait diseat Individuals much shorter/taller than re	e following medical prot	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Pleacher  1 1 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	see indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too  Down Syndrome  Mental Retardation  Unexplained infant of childhood deaths  Multiple family mem with same trait diseated individuals much shorter/taller than refamily  Individuals who look	ee following nedical protestations and the following seems are seems as a few seems are seems after the seems are seems and the seems are seems after the seems are seems as a few seems are seems and the seems are seems as	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non
Plea	Isse indicate which of the "No One" for each in Medical Problem  Birth Defects  Cleft Lip, palate  Club Feet  Extra fingers and too Down Syndrome  Mental Retardation  Unexplained infant of childhood deaths  Multiple family mem with same trait diseated individuals much shorter/taller than refamily  Individuals who look unusual or different	ee following nedical protestations and the following seems are seems as a few seems are seems after the seems are seems and the seems are seems after the seems are seems as a few seems are seems and the seems are seems as	medi olem i	ical p listed	roble abo	ems y ive w Si	ou or hich ha	your blood as not affe Malemai	d relativected your Gra	es have ha our or any o ndparents	f your fam	ly men	nbers. /Uncles	Cous	ins	Non- Know V

Interviewer Comments: \_\_\_\_\_\_\_

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Donor ID#

	Medical Problem				Si	bling		Grand	parents		Aunts	Uncles	Cou	sins	
В	Skin Problems	You	М	F	М	F	Matemal GM	Matemal GF	Patemal GM	Patemal GF	Α	U	M	F	None Known
1	Adult Acne (not teen pimples)				The state of the s			malina (HUT) a disali			humarici (i.i.)	12011100			V
2	Eczema								A constraint						1
3	Psoriasis	\$*************************************		†	<u> </u>							************			سسا
4	Skin Cancer (Melanoma)	(mmanuramanarara					***************************************							NO. IL WOOD BY	سسا
5	Skin Cancer (Basal Cell Carcinoma)														
6	Other Skin disorders											:			سسا
	Medical Problem				Sil	oling		Grand	parents		Aunts/	Uncles	Cou	sins	
С	Sight/Sound/Smell	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
1	Deafness before age 60				ļ:::	en ela ilaiele el							. OT LOUIS AND	a de la constant	KIIOWII
2	Significant hearing loss				1									aram rasindran	سيا
3	Deformity of the ear								4						V V V V V V V V V V V V V V V V V V V
4	Strabismus									·				*******	1
5	Cataracts before age 60			**************************************				***************************************			Y <del></del> ,	······································			سا
6	Macular Degeneration					,									·
7	Blindness		······································	**********								,			سا
8	Color Blindness							***************************************							سسا
9.	Glaucoma														سسا
10	Anosmia (Lack of Smell)													************	
11	Other sight/sound/smell disorders				1,000,700				- verseriene vi nia aa.				7,7	# - 0 Mar - 0 Mar - 1	V
	Medical Problem				Sit	oling	value anno esta de production	Grand	the commence of the companion		AuntsA	Incles	Cous	sins	
D	Mental or Neurological	You	М	F	М	F	Matemat GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
1	Migraines	nsalaanslansis			et Carrora prainci	arumi selata	trury alaboral and a major sign and a	rage the office a park.		initiana en la				and detection	L
2	Senility before 50														سا
3	Alzheimer's diseases (age of onset)			The state of the s					***************************************						W
4	Parkinson's									A ************************************		,,.,			سسا
5	Multiple sclerosis														W
6	Cerebral palsy								***************************************						
7	Autism/Mental Retardation		1						/···					ĺ	W
8	Epilepsy or seizure			-	1	Ì	3			1					V
9	Stroke														1/
10	Progressive Muscular Disorders						Č.					Ì			V

Interviewer Comn	nents:	 	 

	Medical Problem				Si	bling		Grand	parents		Aunts	JUncles	Cot	usins	
D	Mental or Neurological Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay				The state of the s		1	The second section of the second							W
12	Sleep Disorders														1
13	Attention Deficit Hyperactivity Disorder (ADHD)		Towns of the second		The state of the s		and the state of t	-	100000000000000000000000000000000000000						V
14	Hydrocephalus (Fluid on the brain)		And the second second										1		1/ 1/
15	Disorder of the spinal cord				2						1				1
16	Huntington's disease				Ì		The second second second		Section in the section of the section in the sectio					- <b>j</b> ry-more - 11 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	1
17	Degenerative Nerve Disorders		The state of the s						and the same of th	Action of the second					1
18	Neurofibromatosis		Mandalini			hih								Literapegroups	
19	Neural tube defect				Tarana di Cana										1/
20	Other diseases of the nervous system												1	<del></del>	1
	Medical Problem				Sil	bling		Grand	parents		Aunts	/Uncles	Cou	ısins	
Ē	Heart Problems or Circulatory	Υσυ	М	F	M	F	Matemal GM	Matema) GF	Patemal GM	Paternal GF	Α	U	M	F	None Known
1	Heart defects at birth														1/
2	Heart disease								1						سسا
3	Heart attack (age of onset)	***************************************						VER		V99				randomentale	
4	High Cholesterol														سا
5	High Blood Pressure			Ì				A STATE OF S							1/
6	Cardiomyopathy		[				3								1
7	Sudden Death	i i			humildon.n						() () () () () ()				1/
	Medical Problem				Sil	oling		Grandr	arents		Aunts/	Uncles	Con	ewna	
F	Blood Problems	You	М	F	M	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None
1	Anemia	a accoming to	Linima		- Indiana			and the second s						**********	Known
2	Sickle-Cell anemia	1		and the second	and a state				Z-110-1107	ļ					1
3	Hemophilia or other bleeding problems			1			Omnoren er Galadana								سا
4	Polycythemia	1			**************************************			**************************************		Î			MTTV Code Contract		1/
5	Blood Clots							VIIII W. W. V.		[	***************************************	1			سرا
6	Other blood disorder		)			** ***********************************									
	Medical Problem				Sit	ling		Grandp	arents		Aunts/	Uncles	Cou	sins	
G	Respiratory (Lungs)	You	M	F	М	F	Matemal GM	Matemat GF	Paternal GM	Paternal GF	A	U	М	F	None
1	Hay Fever	)			200	************				<u> </u>		111111111	(n was as of was		Known
2	Asthma												1		11

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HEIVENEL CONTINENTS.		 	 	

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Donor ID#

	Medical Problem				Si	bling		Grand	parents		Aunte	/Uncles	Co	Jsins	
G	Respiratory (Lungs) Cont'd	You	M	F	М	F	Maternal GM	Matemal GF	Paternal GM	Palemal GF	Α	U	М	F	None Know
3	Tuberculosis		ing meru talana	1	- formation	********			A CONTRACTOR OF THE PARTY OF TH	And the second section (1) and 1		na mada a disember a			
4	Lung cancer		-	1	1		1	-	<del> </del>	ļ	- I	1	Į	-	1
5.	Emphysema or Chronic Lung Disease			0	7							ļ			1
6	Other lung disease	entrestation a					0					-		-	1
	Medical Problem	de la			Sil	oling		Grand	parents		Aunts	/Uncles	Cou	isins	
H	Metabolic, Endocrine, or Autoimmune	You	M	F	M	F	Matemal GM	Maternal GF	Patemal GM	Paternal GF	Α	U	М	F	None Know
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)														سا
2	Type II Diabetes (Adult Onset)			Ī				i i					100000000000000000000000000000000000000		سا
2	Thyroid cancer				and an artist of the second	W. S.			-	1	1			Į	1
3	Thyroid disease			-		and the second second		-	1		COMMITTED BY THE PARTY.	-			1
4	Goiter													· · · · · ·	1,
5	Adrenal dysfunction or disorder					***********				A Company of the Comp		<u> </u>	THE STATE OF THE S		
3	Other	1				***************************************			ļ	- contract				<u> </u>	W
	Medical Problem				Sit	oling		Grand	parents		Aunts	Uncles	Cou	sins	
	Gastro-intestinal Problems	You	М	E	M	F	Matemal GM	Matemat GF	Paternal GM	Patemat GF	А	Ü	М	F	None
1	Ulcer or stomach or duodenum														سا
2	Gallstones	ļ					Contractive and a second	AURell Granus							1
3	Other liver disease						A Production								1
1	Colon cancer								1						1
}	Intestinal cancer														V
3	Ulcerative colitis										an projektijstystystystystys		and the second		1
7	Crohn's disease	1						Prophilium manning						****	اسا
3	Any other disease/problem of digestive system		201/404/2040A											379 10805/81111111	س
	Medical Problem				Sib	ling		Grandp	parents		Aunts/	Uncles	Cou	sins	
	Urinary Problems	You	М	F	M	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	A	U	M	F	None Knowr
	Kidney disease				- Louis Co.										1
	Bladder Cancer								Adam						1
	Kidney Cancer					V				1	nerven den av				1
The state of the s	Other disease of the Urinary tract (urethra, bladder, ureter)				-										V
	Other, including born with one kidney or kidney failure				- American			y y * \$40 to yy \$40 to * 140 to 100 to 100 to 1	***************************************					****************	~

Interviewer Comments:		

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Donor ID#

	Medical Problem				Si	bling		Grand	parents		Aunts/Uncle		# Cousins		7
K	Problems of the Genital or Reproductive System	You	M	F	М	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	М	F	None Known
1	Abnormally placed urethra (Hypospadius)							South Carlotter Trible At					toricina.	and inclaimed	V
2	Premature Menopause or Ovarian Failure				and any and a control of			1		( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ),					V
3	Fragile X Syndrome														1
eamon v en	Multiple Miscarriages	1					1								1
3	Uterine fibroids									1			***************************************		1
4	Ovarian cysts				-		ĺ							1	
5	Cancer of cervix, ovaries or uterus							THE PROPERTY OF THE PARTY OF TH		\$2.000					
6	Ambiguous genitals (hermaphrodite)													**************************************	
7	Other														V
	Medical Problem				Sil	oling		Grandı	oarents {		Aunts	Uncles :	Cou	sins	
M	Cancers	You	M	F	M	F	Matemal GM	Matemal GF	Paternal GM	Paternal GF	Α	U	M	F	None
1	Early onset cancer (before age 50)	April Delivers		Li monte	to be a constant					2219			Control of the Control	2011400	Known
2	Breast cancer								10						
3	Ovarian Cancer						4	eccors, usuajadamor	- vv	3					1
4	Colon Cancer	Grant transit versions					İ						· · · · · · · · · · · · · · · · · · ·	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Lung Cancer	************	raran-					COMPANIE OF STREET		-	2				1
6	Brain Cancer								unimical delication						1
7	Prostate Cancer														1
8	Pancreatic Cancer						1000				***************************************		.,		V V V
9	Leukemia														1/
10	Lymphoma					*******************			***************************************					nation paragram	1/
11	Any family member with more than one type of cancer				***************************************		TO THE STREET OF THE STREET STREET STREET STREET		h	LO TOTAL MANAGEMENT			7		1
12	Other cancer (Describe)			***********		***************************************	PARTY PARTY STATES TO SERVED THE	N	AND STATE OF THE S						V
	Medical Problem				Sit	oling		Grandparents			Aunts/Uncles		Cousins		
L	Mental Health Problems	You	M	F	M	F	Matemal	Matemal	Patemal	Paternal	Ā	Ü	M	F	None
1	Schizophrenia				non-proping and area.		GM	GF	GM	GF					Known
2	Manic-depressive illness (Bi-Polar)														
3	Other mental health disorder requiring hospitalization		4				h								1
4	Severe depression with period of inability to function					***************************************	Nelson management			***************************************			35411.2		V

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### FRM-Don004-20090827-Donor History Form

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Niemann-Pick disease
Huntington's chorea

Marfan's disease Gulliam-Barre

Wilson's disease

Adverse Reaction to Medications

Diagnosis of any known genetic syndrome

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Donor ID# Medical Problem Sibling Aunts/Uncles Grandparents Cousins Problems of the Muscle, Bones, or Joints Matemal **Vatems** Pateme N M F M F ⊃atema A U None M GM GF GM GF Known 1 Muscular dystrophy Degenerative Muscle 2 Disorders 3 Lupus Scoliosis 4 5 Spina bifida Osteoporosis 6 7 Arthritis (rheumatoid osteo, unknown type) 8 Other muscoskeletal disease 9 Other chronic muscle 10 disease Medical Problem Sibling Grandparents Aunts/Uncles Cousins Other Disorders Maternal viatem: . Datema 0 You M F Paterna None M F М F A U GM GF GM GF Known Alcoholism 1 Drug abuse, misuse, or addiction 2 Tay-Sachs 3 Canavan Disease 4 Cystic Fibrosis 5 6 Gaucher's disease Familial Dysautonomia Bloom syndrome 8 9 Fanconi anemia group C Glycogen storage disease 10 type 1a 11 Maple syrup urine disease Mucolipidosis type IV 12

20	Missing teeth (from birth)							V
21	Any other condition not previously mentioned							V
Inter	viewer Comments:				 	 	***************************************	THE THE PERSON I
mer	Newer Comments.	***************************************				 		-