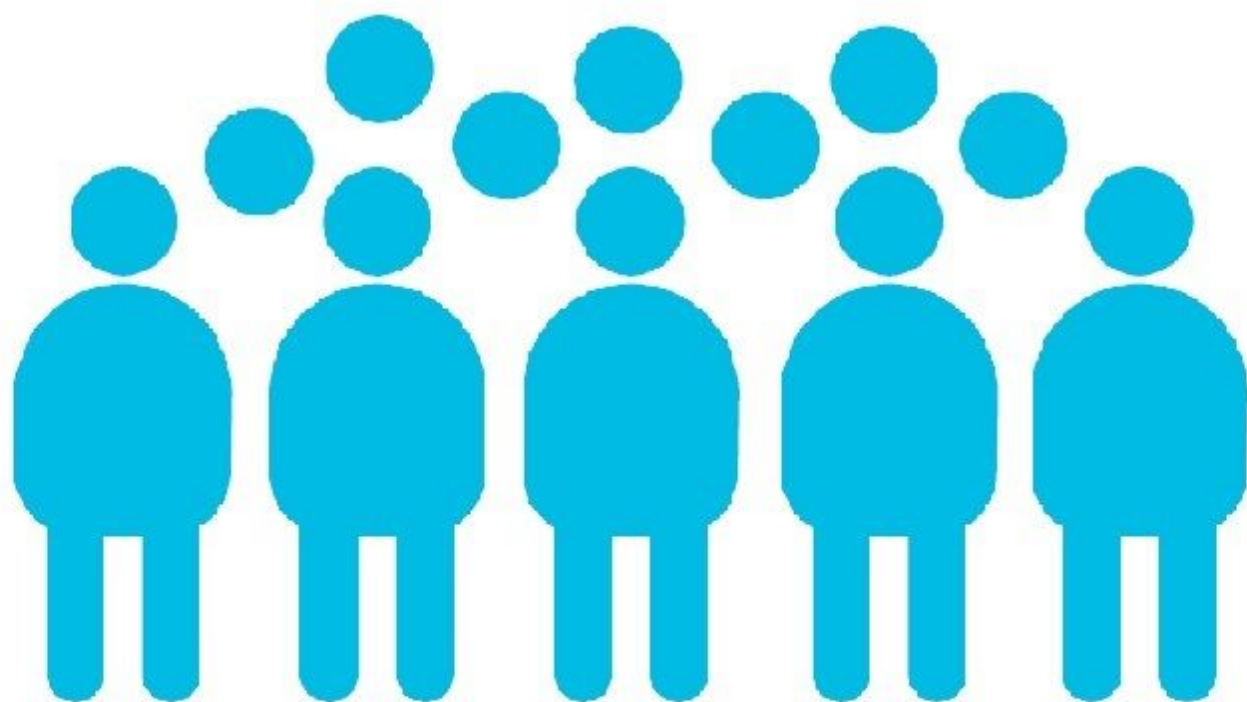


Extended Profile

Catalogue # 1145

London
Sperm
Bank



Physical	
Race	Cauc
Ethnic Background	Russian/Russian
Height	6'4"
Weight	215
Eye Color	Blue
Hair	Brown/Straight
Skin Tone	Light
Blood Type	B+
Education	PhD/Biomedical Science/
Occupation	Post-Doctoral Fellow
Interests	Photography/Construction/Sports

Medical	
Question	Response
Any dietary restrictions? If yes, explain:	No
Do you wear glasses or contact lenses? Are you near or far-sighted?	No
Allergies (medicines, food, pollens)? If yes, please list substance and reaction caused:	No
CMV IgG Antibody	Positive
CMV IgM Antibody	Negative
Note any comments regarding above items:	N/A

Family Medical History

Your Mother		
Question	Response	Comment/Age Affected
Current age or age at death	54	
Health Problem	Healthy	
Living / Dead	Living	

Your Father		
Question	Response	Comment/Age Affected
Current age or age at death	56	
Health Problem	Healthy	
Living / Dead	Living	

Son(s)**Your Son 1**

Question	Response	Comment/Age Affected
Current age or age at death	3	
Health Problem	Healthy	
Living / Dead	Living	

Your Son 2

Question	Response	Comment/Age Affected
Current age or age at death	0.1	
Health Problem		
* You are required to enter an answer for Health Problem 1 whether the family member is sick or healthy.	Healthy (newborn)	
Living / Dead	Living	

Your Mother's Father

Question	Response	Comment/Age Affected
Current age or age at death	52	
Health Problem	Cause of death: Work-related accident	52
Living / Dead	Dead	

<i>Your Mother's Mother</i>		
Question	Response	Comment/Age Affected
Current age or age at death	75	
Health Problem	Arthritis, no medication or treatment received	75
	Cause of death: Stroke	75
Living / Dead	Dead	

<i>Your Father's Father</i>		
Question	Response	Comment/Age Affected
Current age or age at death	67	
Health Problem	Cirrhosis of the liver (was a heavy drinker), no medication or treatment received	67
	Cause of death: Cirrhosis of the liver	67
Living / Dead	Dead	

<i>Your Father's Mother</i>		
Question	Response	Comment/Age Affected
Current age or age at death	80	
Health Problem	High blood pressure, treated with medication	70
	Cause of death: Heart failure	80
Living / Dead	Dead	

<i>Your Father's Brothers 1</i>		
Question	Response	Comment/Age Affected
Current age or age at death	58	
Health Problem	Healthy	
Living / Dead	Living	

<i>Religion:</i>	
Faith	Christian
Denomination	Non-denominational

<i>Updates to Profile</i>	
Update Available	Yes
Updates - Personal	No change to donor Personal Profile: May 2011, April 2012. Update received May 2012: Donor corrected his physical measurements: Chest: 40"; Inseam: 35"; Waist 33.5"; Sleeve: 32". Update received March 2013: Donor's occupation is now Director of Bioinformatics.
Updates - Medical	No change to donor Medical Profile: May 2011. Update received April 2012: Donor answered previously unasked questions: Have you been diagnosed with or shown evidence of: Hansen's Disease (Leprosy): No. Systemic Mycosis: No. No change to donor Medical Profile: March 2013.
Updates - Family Medical History	Update received May 2011: Birth of donor's second son. Update received April 2012: Donor answered questions on himself and his family not previous asked: Irritable Bowel Syndrome: None; Macular Degeneration: None. No change to donor Family Medical History: March 2013.

Personal Behavior History

Question	Response
Current alcohol use: If yes, oz./week and type of alcohol:	Regularly - 5oz. vodka/week
Do you or any of your relatives have a history of alcoholism or alcohol abuse? If yes, relation and age affected:	No
Tobacco use: Do you smoke? If yes, #/day and for how long:	No
If you did smoke but quit, when did you last smoke?	Never
How many packs per day?	0
For how many years?	0
Do you sleep well?	Yes
Do you exercise on regular basis?	Yes
Is your diet well balanced? If no, explain:	Yes
Any dietary restrictions? If yes, explain:	No

Sexual History

Have you ever had sex with:

Question	Response
A partner whose sexual background you are unsure of in the past 12 months?	No
Another man anal or oral, even once, since 1977?	No
A person having intravenous, intramuscular, or subcutaneous injection of drugs not prescribed by a licensed physician for medical purposes?	No

Have you:

Question

Response

Donor Genetic History

Question

Response

Were you or any family members born with any birth defects?
If yes, explain:

No

Have you been tested for Cystic Fibrosis?
If yes, the result:

Yes - Non-carrier for at least 97 mutations

Have you had any additional genetic testing?
If yes, complete the following:

Yes - Karyotype and SMA

Karyotype?
If yes, the result:

Yes - Normal Karyotype

Spinal Muscular Atrophy (SMA)?
If yes, the result:

Non Carrier - Standard donor screening

Tay Sachs?
If yes, the result:

Unknown - Donor was not tested

Ancestry

Question

Response

Are you of Jewish ancestry?
If yes, please note: Ashkenazi, Sephardi, or Other

No

If you are of Jewish ancestry, have you been tested as a carrier of any of the following diseases?

Question

Response

Tay Sachs:
If yes, result(s):

N/A

Gaucher:
If yes, result(s):

N/A

Canavan:
If yes, result(s):

N/A

Fanconi Anemia:
If yes, result(s):

N/A

Niemann-Pick:
If yes, result(s):

N/A

Bloom Syndrome

If yes, result(s):	N/A
Familial Dysautonomia If yes, result(s):	N/A
Mucopolipidosis IV If yes, result(s):	N/A
BRCA1/BRCA2 If yes, result(s):	N/A

<i>Ancestry</i>	
Question	Response
Are you of African ancestry?	No
If yes, have you been tested as a carrier of sickle cell anemia?	Yes - Standard donor screening
If yes, result:	Non Carrier
Are you of Mediterranean, Greek or Italian ancestry?	No
If yes, have you been tested as a carrier of thalassemia?	Yes - Standard donor screening
If yes, result:	Non Carrier

Have you or any member of your family had any of the following conditions? If yes, please list the affected individual(s), mother or father's side, age at onset, treatment and any other pertinent information.

Donor Medical Update Available: April 2012. See Summary Profile.

Heart attack	None
Congenital heart disease	None
Hemophilia/bleeding problem	None
Severe bleeding tendency	None
Cystic Fibrosis	None
Alpha-1 Antitrypsin Disorder	None
Pyloric stenosis	None
Inflammatory bowel disease	None
Irritable Bowel Syndrome	N/A

Diabetes mellitus requiring insulin therapy.	None
Diabetes mellitus not requiring insulin therapy.	None
PKU or inherited metabolism disorder	None
Progressive kidney disease	None
Polycystic kidney disease	None
Miscarriages or stillborn	None
Herpes simplex virus, genital	None
Migraines	None
Mental retardation	None
Senility or mental deterioration before age 60	None
Epilepsy/seizures	None
Neural tube defects - open spine or hypocephalus/water on the brain	None
Huntington's disease	None
Tuberous sclerosis	None
Neurofibromatosis	None
Parkinson's disease	None
Down's syndrome/Mongolism	None
Autism	None
Autism Spectrum Disorder	None
PDD (pervasive developmental delay)	None
Asperger's Syndrome	None
Schizophrenia	None

Manic depressive psychosis	None
Attention Deficit Disorder (ADD)	None
Attention Deficit Hyperactivity Disorder (ADHD)	None
Muscular dystrophy	None
Loss of muscle coordination	None
Rheumatoid arthritis	None
Reiter's disease	None
Club foot	None
Deafness before age of 60	None
Cataracts before age of 60	None
Blindness in both eyes before age of 60	None
Glaucoma	None
Macular Degeneration	N/A
Acne	Self
Psoriasis	None
Albinism	None
More than 5 purple or coffee-colored spots on the skin (size of a quarter or larger)	None
Drug abuse, misuse, or addiction	None
Cleft palate or cleft lip	None
Serious birth defects	None
Inguinal hernia	None
Premature degeneration of any organ system	None
The same cancer in more than one family member	

Donor Medical History

Update received April 2012. See Summary Profile.

Question	Response
List any operations: Age & reason:	None
Hospitalization other than surgery: Age & type of illness:	Stitches on knee and forehead at age 5 due to an accidental-fall while playing
Have you ever had any broken bones? If yes, please give age and description:	No
Have you ever had any serious illnesses? If yes, please give age and description:	No
How many days in the past 12 months could you not work because of all illness (colds, flu, accidents, surgery, etc)? Please describe:	0
Are you presently under a physician's care for any reason? If yes, please describe:	No
List all drugs you have taken in past 12 months (prescription, nonprescription, herbal, and sports supplements, and recreational). Include drug, frequency and duration taken, and reason:	None
List all current medication or treatments (include vitamins, aspirin, antacids, laxatives, herbal, sports supplements, etc.) Include drug, frequency and duration taken, and reason:	Multi-vitamin taken once daily for general health
Do you wear glasses or contact lenses? Are you near or far-sighted?	No
Usual weight?	215
Recent loss or gain? # of lbs and reason:	No
Allergies (medicines, food, pollens)? If yes, please list substance and reaction caused:	No
Have you been exposed to, or been at risk of exposure to: radiation, chemicals, or toxic amounts of lead, mercury, or gold? If yes, please describe:	No
Have you been permanently excluded or deferred from donating blood or plasma? If yes, when and why?	No
Have you been tested for HIV (AIDS)? If yes, when:	Yes - Negative, ongoing donor testing
Sexual orientation:	Heterosexual

Number of current sexual partners:	1
Have you had a partner who has had cultures of Trichomonas? If yes, describe:	No
Have you ever had a tattoo? If yes, what year did you get the tattoo?	No
Have you ever had your ear(s) or body pierced? If yes, where and what year?	No
Have you ever received pituitary-derived human growth hormone? If yes, what year?	No
Have you been diagnosed with hemophilia or a related clotting disorder and received human derived clotting factor concentrates (non-viral inactivated Factor VIII or Factor IX concentrate)? If yes, what year?	No