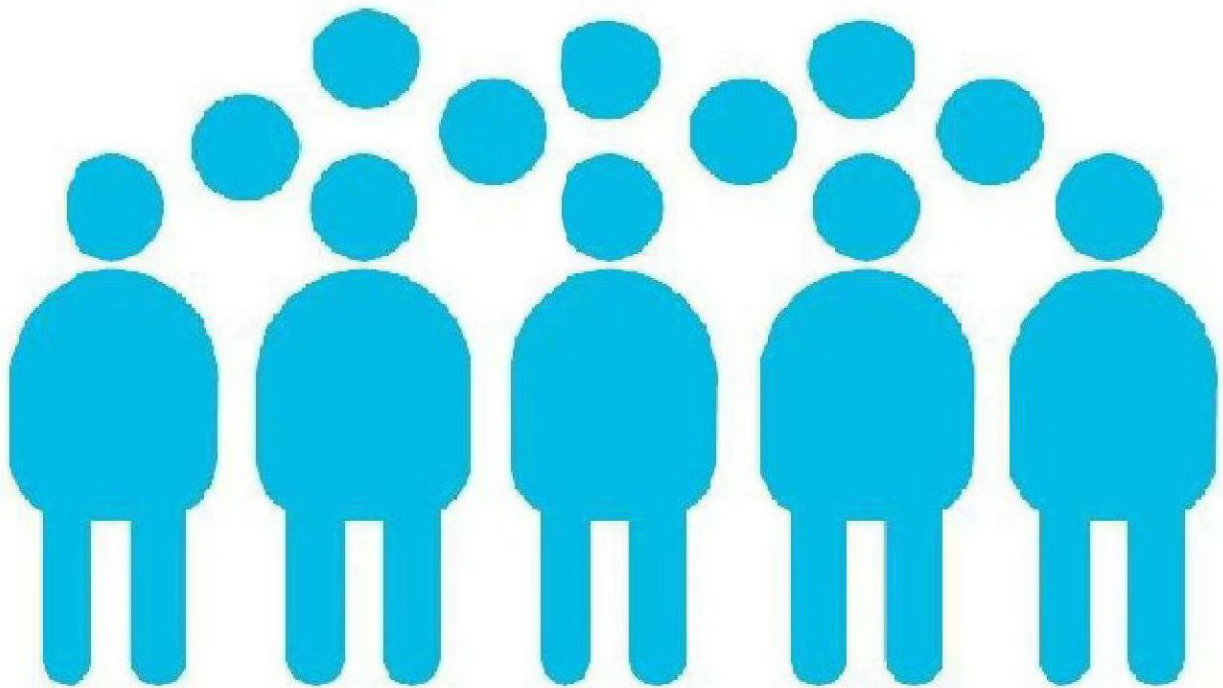


# Extended Profile

Catalogue # 1641

London  
Sperm  
Bank



# Donor Family Medical History (mark with X if none in family)

	Donor	Mother	Father	Sister/s	Brother/s	MGM	MGF	PGM	PGF	Aunt/s (Maternal)	Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family
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### Blood Diseases

Anaemia																	X
Haemophilia																	X
Haemoglobin Disease																	X
Sickle Cell																	X
Immune Deficiency																	X
Thalassemia																	X
Malaria																	X

### Cancer

Breast																	X
Ovarian																	X
Prostate																	X
Lung																	X
Skin														X			
Colon																	X
Thyroid																	X
Leukaemia																	X
Other										X							
Tumour						X											

### Cardio Vascular Diseases

Stroke							X						X				
Heart Attack								X									
Coronary Heart Disease																	X
High Blood Pressure - Hypertension			X														
High Cholesterol/Triglycerides			X														
Arteriosclerosis																	X
Atherosclerosis																	X
Hereditary Hypercholesterolemia																	X
Congenital Heart Malformation																	X

**Comments:** (Please use this space to state age of onset if you or any member of your family suffers from any condition/s mentioned above)

Father - High Blood Pressure (55, medicated) & High Cholesterol (55)  
 Maternal Grandmother - Astrocytic Glioma Tumour (53, COD)  
 Maternal Uncle - Oesophageal Cancer (47, COD)  
 Maternal Grandfather - Stroke (92, COD)  
 Paternal Grandmother - Heart Attack (88, COD)  
 Paternal Aunt - Stroke (75, COD)  
 Paternal Uncle - Melanoma (52, COD)

Donor Number:

Document number:	LO-FRM-344	Author:	Minbattiwalla, Meheranghiz	Review date:	27/01/2022
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	Donor	Mother	Father	Sister/s	Brother/s	MGM	MGF	PGM	PGF	Aunt/s (Maternal)	Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family
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**Congenital Malformations**

Cleft Lip																X
Cleft Palate																X
Club Foot																X
Congenital Hip Dislocation																X
Spina Bifida																X
Undescended Testicles																X
Malformations (Other)																X

**Gastro-Intestinal Diseases**

Galls Stones																X
Hepatitis A																X
Hepatitis B																X
Ulcer of Stomach or Duodenum																X
Other Liver Disease																X
Colitis																X
Cystic Fibrosis																X

**Genital/ Reproductive System**

Uterine Fibroids																X
Ovarian Cysts																X
Goitre																X
Other																X

**Mental Health**

Depression																X
Bipolar																X
Schizophrenia/Psychosis																X
Mental Retardation																X
Obsessive-Compulsive Disorder																X

**Metabolic/ Endocrine Disease**

Type 1 Diabetes																X
Type 2 Diabetes								X								
Hypoglycaemia																X
Tay Sachs																X
Thyroid Disorder																X

**Comments:** (Please use this space to state age of onset if you or any member of your family suffers from any condition/s mentioned above)

Paternal Grandmother - DMII (80)

Donor Number:

	Donor	Mother	Father	Sister/s	Brother/s	MGM	MGF	PGM	PGF	Aunt/s (Maternal)	Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family	
<b>Muscular/ Bones/ Joint Disease</b>																	
Gout																	X
Arthritis																	X
Achondroplasia (Dwarfism)																	X
Deformity of the Vertebral Column																	X
Osteoporosis																	X
Muscular Dystrophy						X					X						
Other																	X
<b>Neurological Diseases</b>																	
ADD or ADHD																	X
Autism/Asperger's																	X
Cerebral Palsy																	X
Disorders of the Spinal Cord																	X
Dyslexia/ Other Learning Difficulties				X													
Neural Neurone Disease																	X
Hydrocephalus																	X
Alzheimer's																	X
Motor Neurone Disease																	X
Epilepsy																	X
Huntington's Disease																	X
Multiple Sclerosis																	X
Neural Tube Defect																	X
Parkinson's Disease																	X
Delay in Growth & Development																	X
Tourette Syndrome																	X
<b>Skin</b>																	
Albinism																	X
Acne																	X
Pigmentation Disorders																	X
Eczema																	X
Psoriasis																	X

**Comments:** (Please use this space to state age of onset if you or any member of your family suffers from any condition/s mentioned above)

Sister (1) - Dyslexia (childhood)  
 Maternal Uncle - Muscular Dystrophy (6)  
 Maternal Grandmother - Muscular Dystrophy (24)

Donor Number:

Donor      Mother      Father      Sister/s      Brother/s  
 MGM      MGF      PGM      PGF      Aunt/s (Maternal)      Uncle/s (Maternal)      Cousin/s (Maternal)      Aunt (Paternal)      Uncle (Paternal)      Cousin/s (Paternal)      None in Family

**Allergies and Respiratory Diseases**

Allergies (Medication)		X																					
Allergies (Food)																							X
Allergies (Hay Fever)	X		X	X																			
Allergies (Insect)																							X
Allergies (Other)																							X
Allergies (Pet)	X																						X
Emphysema																							X
Tuberculosis																							X
Pneumonia				X																			
Asthma	X																						

**Sight/ Sound/ Smell**

Deafness																							X
Deafness (Before age 50)																							X
Other Hearing Anomalies																							X
Eyesight (Blindness)																							X
Eyesight (Colour Blindness)								X															
Eyesight (Glaucoma)																							X
Cataracts before age 50																							X
Other sight, sound, smell disorder	X	X	X	X																			

**Urinary**

Kidney Disease																							X
Polycystic Kidneys																							X
Disease of the Urinary Tract (Urethra, Bladder & Ureter)																							X
Other																							X

**Other**

Alcoholism																							X
Drug Abuse																							X
Chromosomal Abnormalities																							X
Down Syndrome																							X

**Any other conditions not listed or premature deaths due to illness?**

											X												
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**Comments:** (Please use this space to state age of onset if you or any member of your family suffers from any condition/s mentioned above)

Donor - Hayfever (childhood), Pet Hair Allergy, Asthma (childhood) & Shortsighted (10)  
 Father - Shortsighted (childhood) & Hayfever (childhood)  
 Mother - Allergy to Aspirin & Shortsighted (20)  
 Sister (1) - Shortsighted (childhood)  
**Sister (2) - Hayfever (childhood) & Shortsighted (childhood)**  
 Maternal Grandfather - Colourblind (birth)  
 Paternal Grandfather - Aneurysm (72, COD)  
 Sister (3) - Pneumonia (2, COD)

Donor Number: