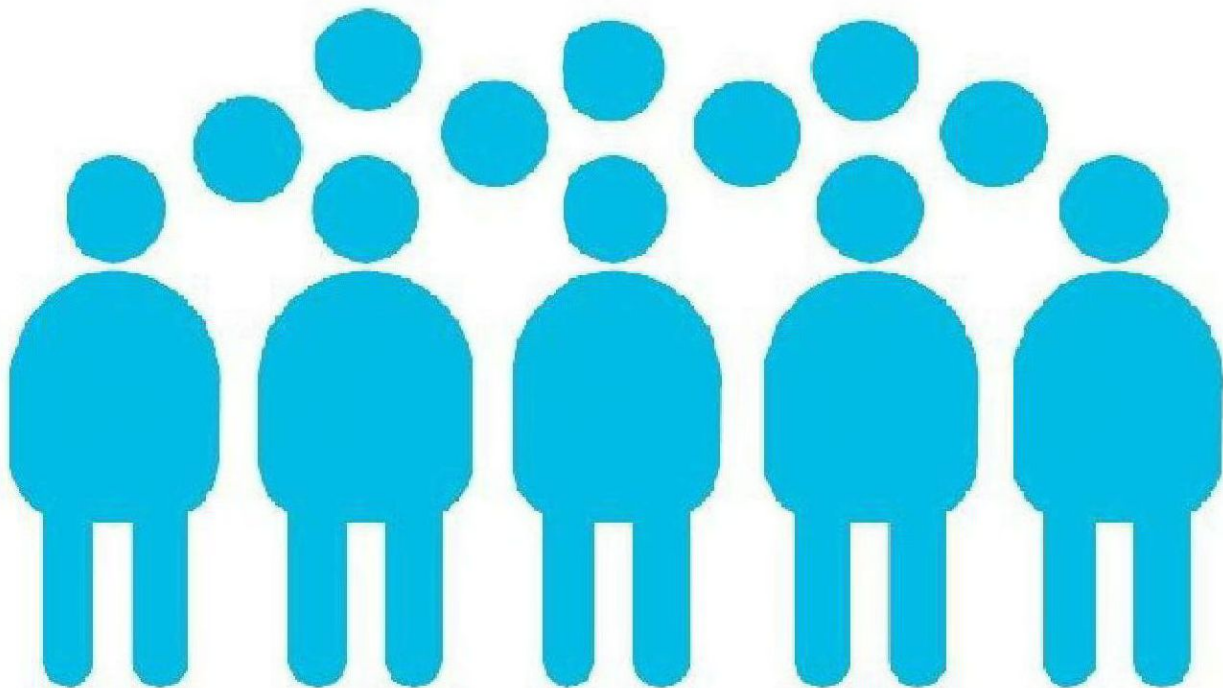


# Extended Profile

Catalogue # 1561

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

### Blood Diseases

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

### Cancer

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

### Cardio Vascular Diseases

	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	
Stroke																	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)

Donor Number: 1561

	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
--	-------	--------	--------	----------	-----------	-----	-----	-----	-----	-------------------	--------------------	---------------------	-----------------	------------------	---------------------	----------------

**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)

Father - Type 2 Diabetes (70's)

Donor Number: 1561

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

Muscular/ Bones/ Joint Disease

Gout																			
Arthritis																			
Achondroplasia (Dwarfism)																			
Deformity of the Vertebral Column																			
Osteoporosis																			
Muscular Dystrophy																			
Other																			

Neurological Diseases

ADD or ADHD																			
Autism/Asperger's																			
Cerebral Palsy																			
Disorders of the Spinal Cord																			
Dyslexia/ Other Learning Difficulties																			
Neural Neurone Disease																			
Hydrocephalus																			
Alzheimer's								X											
Motor Neurone Disease																			
Epilepsy																			
Huntington's Disease																			
Multiple Sclerosis																			
Neural Tube Defect																			
Parkinson's Disease																			
Delay in Growth & Development																			
Tourette Syndrome																			

Skin

Albinism																			
Acne																			
Pigmentation Disorders																			
Eczema																			
Psoriasis																			

**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)

Maternal Grandfather - Alzheimer's (85)

Donor Number: 1561

	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
Allergies (Insect)																	X
Allergies (Other)																	X
Allergies (Pet)																	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

**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
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---

**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 Number: 1561