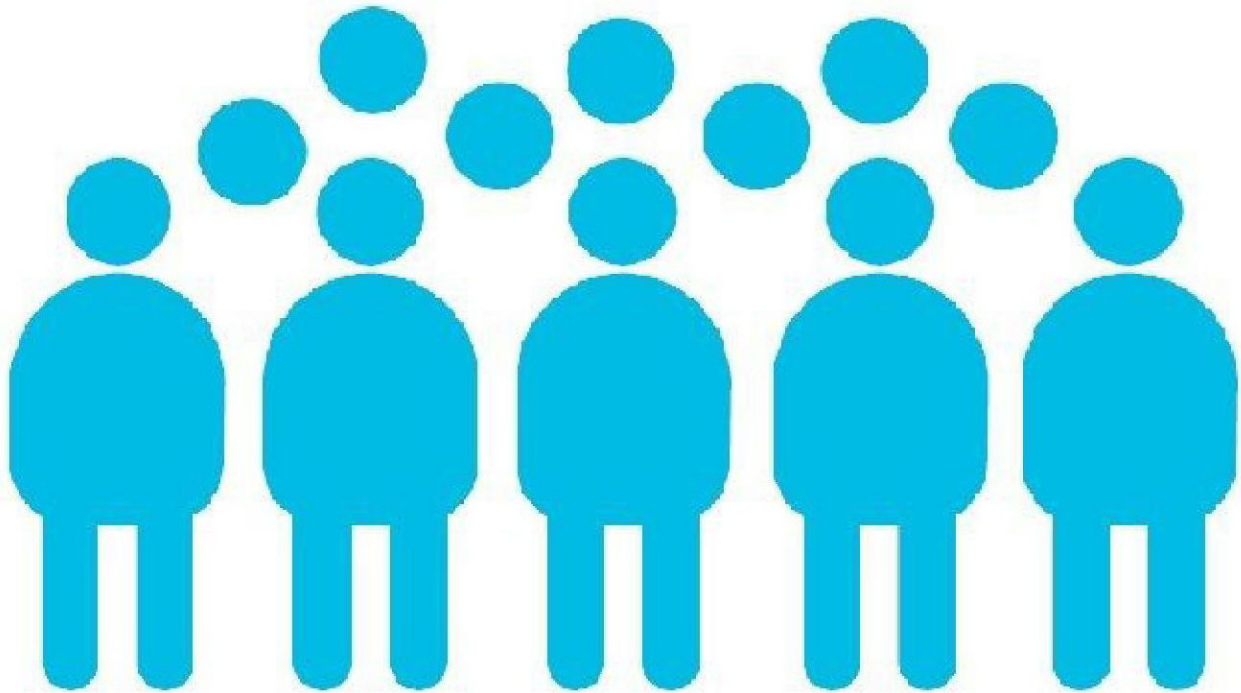


Extended Profile

Catalogue # 1681

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																
Skin																X
Colon																X
Thyroid																X
Leukaemia																X
Other																X
Tumour																X

Cardio Vascular Diseases

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)

Father - Heart Attack (61, survived)

Donor Number: **1681**

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)

Donor Number: 1681

	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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Muscular/ Bones/ Joint Disease

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

Neurological Diseases

ADD or ADHD																	X
Autism/Asperger's																	X
Cerebral Palsy																	X
Disorders of the Spinal Cord																	X
Dyslexia/ Other Learning Difficulties																	X
Neural Nerve Disease																	X
Hydrocephalus																	X
Alzheimer's																	X
Motor Nerve 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

Skin

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)

Donor Number: 1681

	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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Allergies and Respiratory Diseases

Allerges (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
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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)
 Paternal Uncle - Stomach Ulcers (65, COD)

Donor Number: 1681