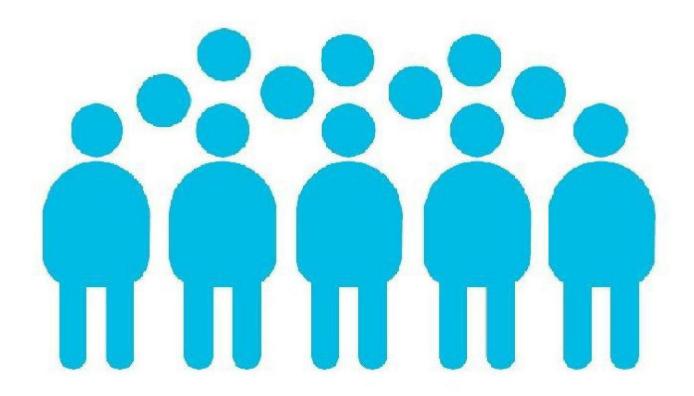
Extended Profile

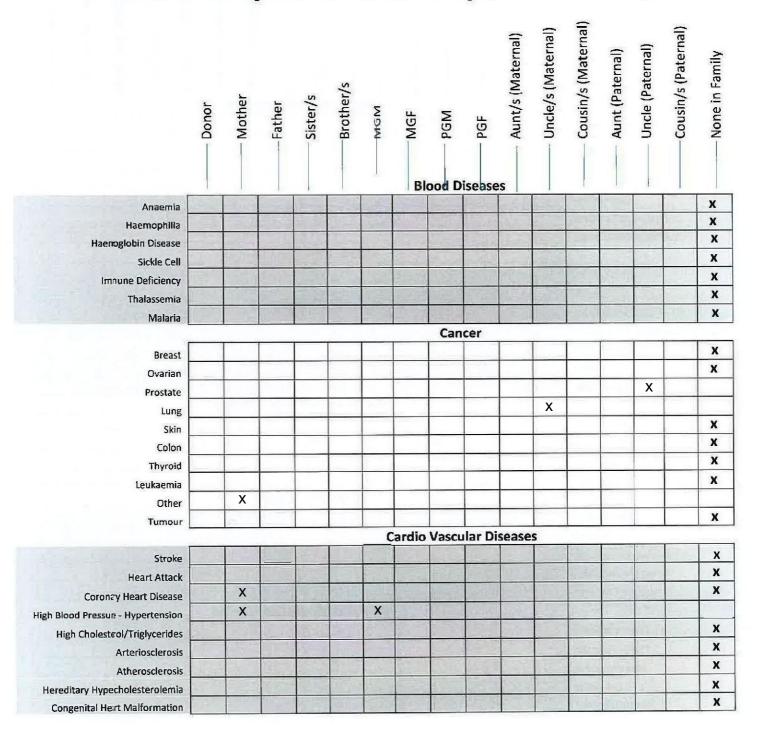
Catalogue #1700







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



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

Maternal Half Uncle (1) - Lung Cancer (60, COD) Mother - High Blood Pressure (Mid 50's) & Myeloma (68) Maternal Grandmother - High Blood Pressure & Heart Failure (65 COD) Paternal Uncle - Prostate Cancer (60s)

Donor Number: 1700

Document number: LO-FRM-344 Author: Minbattiwalla, Mehera	ranghiz Review date:	21/01/2022
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	Danor	Mother	Father	Sister/s	Brother/s	MGM	MGF	NGW Later	PGF	Aunt/s (Maternal)	Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family
ا منا علمان						C	ngen	ital M	lanori	nauo	ns					х
Cleft Lip Cleft Palate																X
Club Foot	-															х
Congenital Hir Dislocation																х
Spina Bifida															-	х
Undescenced Testicles																х
Malformations (Other)														-		Х
ivialionnalons (other) [G	stro-	Intest	inal D	iseas	es		Win .			-
Galls Stones										- IJCuJ						Х
Hepatitis A																X
Hepatitis B																Х
Ulcer of Stomach o Duodenum	7-4															х
Other Iver Disease																х
Colîtis		17.00														х
Cystic Fibrosis		17					3.50									х
				10		Gen	ital/ F	Repro	ductiv	e Sys	tem	N A				
Uteine Fibroids													Ţ,			х
Orarian Cysts		. /														х
Goitre																х
Other																х
						<i>(10)</i>	IV	ental	Healt	:h		*		•		
Depression						AT S				Х						
Bipolar														1175		х
Schizophrena/Psychosis																X
MentalRetardation																х
Obsessive-Compulsve Disorder																Х
_						Met	abolio	/ End	locrin	e Dise	ase					
Typ: 1 Diabetes																Х
Typi 2 Diabetes																х
Hypoglycaemia																Х
Tay Sachs																Х
Thyrid Disorder																Х

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 Half Aunt - Depression		

Donor Number: 1700

					100
Document number:	LO-FRM-344	Author:	Minbattiwalla, Meheranghiz	Review date:	27/01/2022

	Donor	Mother	Father	Sister/s	Brother/s	Zo Zo Mus	Scular Scular	MD Bone	es/Joir	ដុ g Aunt/s (Maternal)	မှု က Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family
Gout	AL					No. III	Name of						Lean			х
Arthritis																х
Achondroplasa (Dwarfism)					Level of			MARKE								х
Deformity of the Vetebral Column													H			х
Osteoporosis												R.	1			х
Muscuar Dystrophy											To e I	in the	Lil			х
Other																х
						4.00	Neui	ologic	al Dis	eases						
ADD or ADHD													Illia L			X
Autisn/Asperger's																Х
(erebral Palsy																Х
Disorders of the Spinal Cord																Х
Dyslexia/ Other Lear ing Difficulties																х
Neural Neurone Disease																X
Hydrocephalus																х
Alzheimer's																Х
Motor Neirone Disease																Х
Epilepsy																х
Huntington's Disease																Х
Muliple Sclerosis																Х
Neurd Tube Defect																Х
Parkirson's Disease																Х
Delay in Growth &Development																Х
Tourete Syndrome																Х
					1		1	S	kin		1	1				1
Albinism			275							-			The second			X
Acne							10.00	244								X
Pigmentaion Disorders		TS (I)						- 1								Х
Eczema				X												
Psoriasis		100		J. Line	Non-										No. of the	X

Sister - Eczema		
Olotor Eozoma		

Donor Number: 1700

Document number:	LO-FRM-344	Author:	Minbattiwalla, Meheranghiz	Review date:	27/01/2022
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	Donor	Mother	Father	Sister/s		∑ S S S	MGF	PGM	PGF	Aunt/s (Maternal)	Uncle/s (Maternal)	Cousin/s (Maternal)	Aunt (Paternal)	Uncle (Paternal)	Cousin/s (Paternal)	None in Family
Allerges (Medication)	Х					Allergie	s and	Respira	atory D	iseases						
Allergies (Food)				Х												
Allegies (Hay Fever)																х
Allergies (Insect)																х
illergies (Other)														W =		х
Allergies (Pet)																х
Emphysema																х
Tuberculosis	Term									y at						х
Pneumonia						Gradi						B. R. Co. P.	B4 94			Х
Asthma				Х												
							Sig	nt/ Sou	ind/Sn	nell		0				
Deafness																Х
Deafness(Before age 50)																Х
Other Hering Anomalies																Х
Eyeight (Blindness)				N.V.												х
Eyesight (Olour Blindness)			Х	915				130								
Eyesght (Glaucoma)																Х
Cataracs before age 50						9										X
Other sight, sount, smell disorder																Х
								Urin	ary							
Kidney Disease																X
Pdycystic Kidneys																Х
Disease of the Urinan Tract (Urethra, Bldder & Ureter)																x
Other										-						X
							-	Oth	ner .							
Alcoholism										Х	X					
Drug Abuse												Х				
Chromosomal Abnormalities																Х
Iown Syndrome																Х
ï			- 1	Any oth	er cor	ditions	not lis	ted or	prema	ture de	eaths d	ue to il	Iness?	(ir		
	Levi C															Х

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 - Penicillin Allergy (childhood)

Sister - Allergy to Dairy, Eggs, Nuts & Fish (birth) & Asthma (birth) Maternal Half Uncle 1 - Alcohol Abuse (20's - 30's)

Maternal Uncle 2 - Alcohol Abuse (20's)

Maternal Half Aunt - Alcohol Abuse & Depression (68, COD)

Maternal Cousin - Cannabis Addiction (30's-40's)

Father - Colour Blindness (30s)

Donor Number: 1700

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