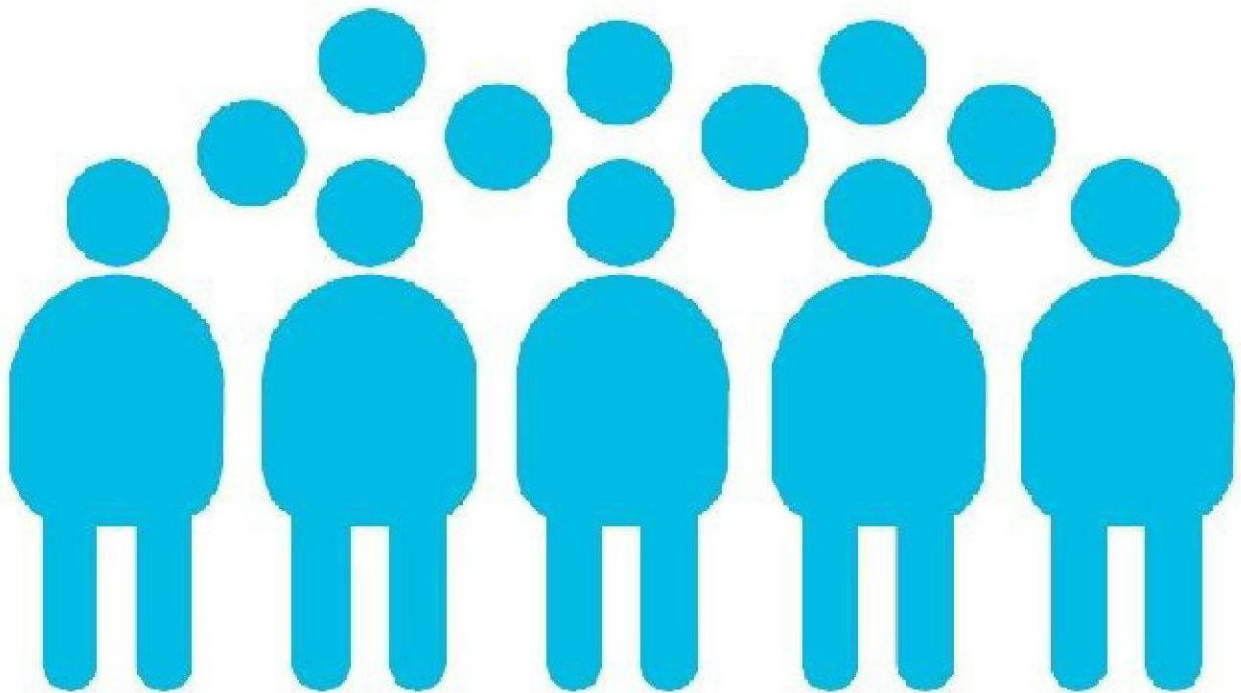


Extended Profile

Catalogue # 1712

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 Hypocholesterolemia																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:

	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)

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

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:

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

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

Sight/ Sound/ Smell

Deafness																X
Deafness(Before age 50)																X
Other Hering Anomalies																X
Eyeight (Blindness)																X
Eyesight (Colour Blindness)																X
Eyesight (Glaucoma)																X
Cataracs before age 50																X
Other sight, sound, smell disorder	X			X												X

Urinary

Kidney Disease																X
Pdycystic Kidneys																X
Disease of the Urinan 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					X											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 - Shortsighted (adolescence), Generalised Work-related Anxiety (25, with medication)
 Maternal Grandmother - Dementia (76)
 Sister 1 - Metal Allergy (adolescence)
 Sister 2 - Shortsighted (infancy)

Donor Number: _____