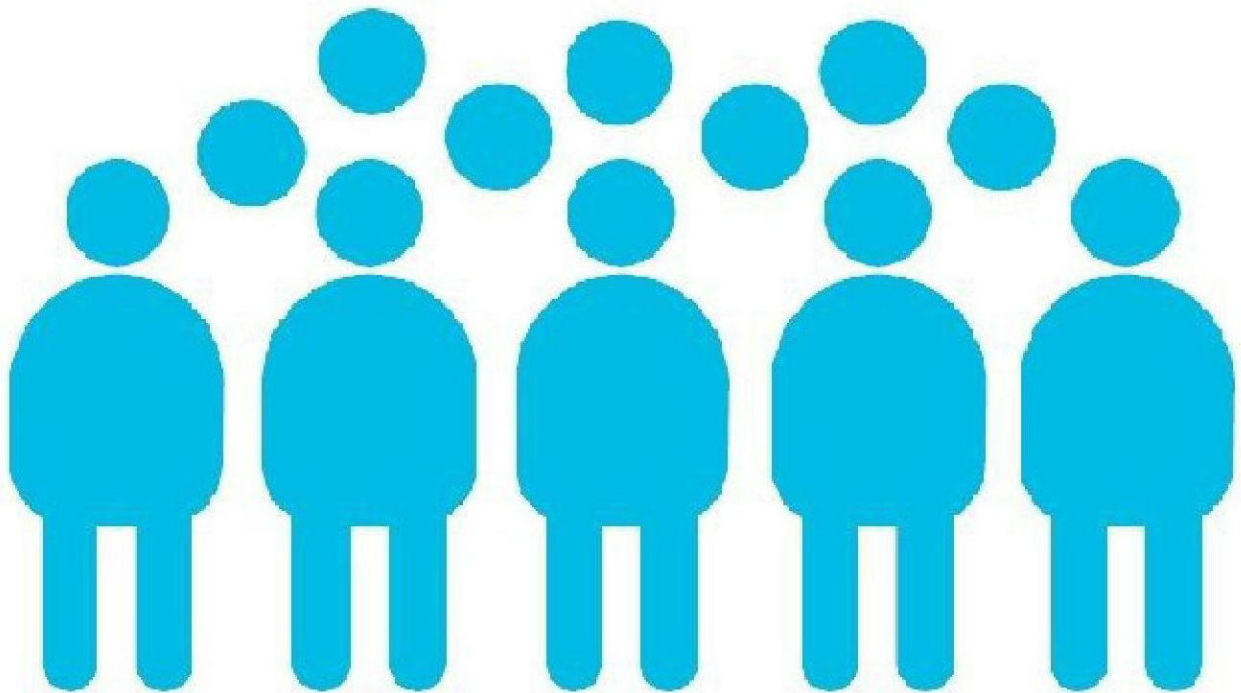


Extended Profile

Catalogue # 1716

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
Heart Attack		X															
Coronary Heart Disease																	X
High Blood Pressure - Hypertension		X					X		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)

Mother - High Blood Pressure (42), Heart Attack (42, COD)
 Maternal Grandfather - High Blood Pressure (45)
 Paternal Grandfather - High Blood Pressure (55)

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					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 - Diabetes Type 2 (45)
Paternal Grandmother - Diabetes Type 2 (60)

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
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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 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

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
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

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
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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 Number: _____