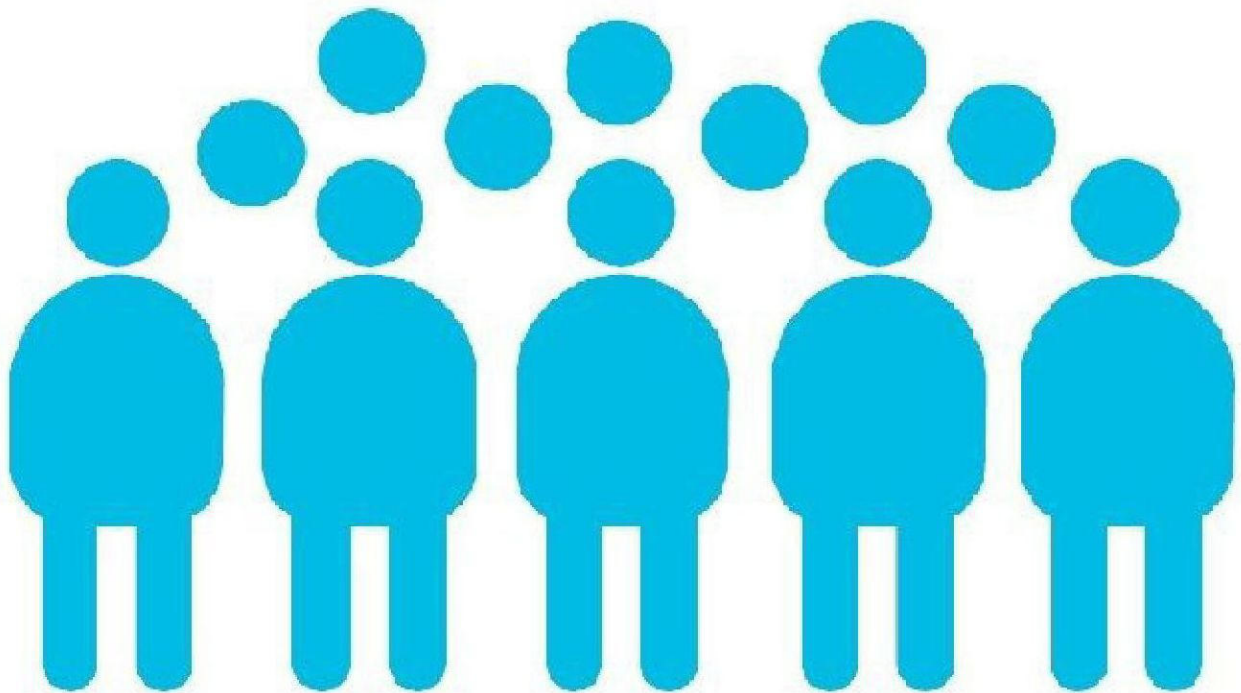


Extended Profile

Catalogue # 1726

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
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)

Maternal Grandfather - Stroke (60's), Eye Cancer (77)

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																	
Gall 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
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Muscular/ Bones/ Joint Disease

Gout									X					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)

Paternal Grandfather - Gout (60's)
 Paternal Uncle - Gout (50s)
 Paternal Aunt - Eczema (childhood)

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						X	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 - Mild Asthma (teenager), Cat Allergy
 Paternal Grandmother - Dementia (84, COD)
 Paternal Aunt - Bradycardia (49)
 Paternal Uncle - Tachycardia (54)

Donor Number: _____