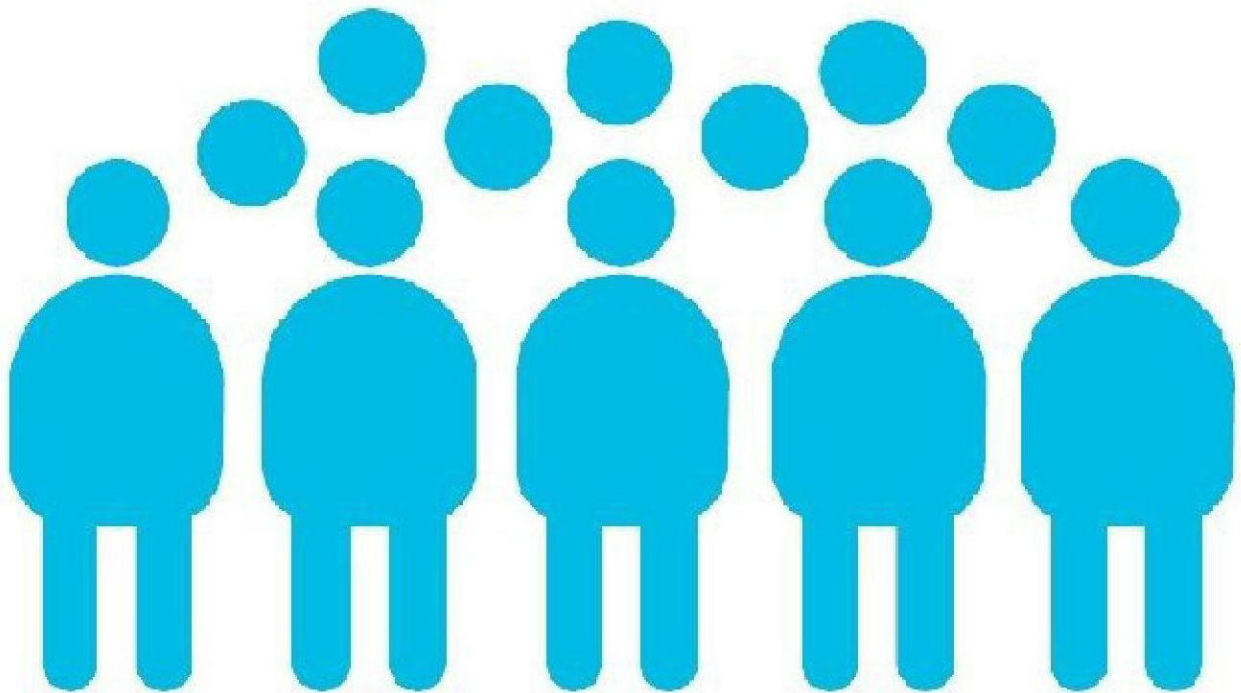


# Extended Profile

Catalogue # 1725

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)

Paternal Grandfather - Lung Cancer (67)  
 Mother - High Blood Pressure (45)  
 Maternal Grandfather - High Blood Pressure (60s)

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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**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						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)

Maternal Uncle - Schizophrenia (25), Type 1 Diabetes (mid 30's) COD

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 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)

Maternal Cousin - Epilepsy (23)

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
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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)

Paternal Grandmother - Blood Clot (87) COD

Donor Number: