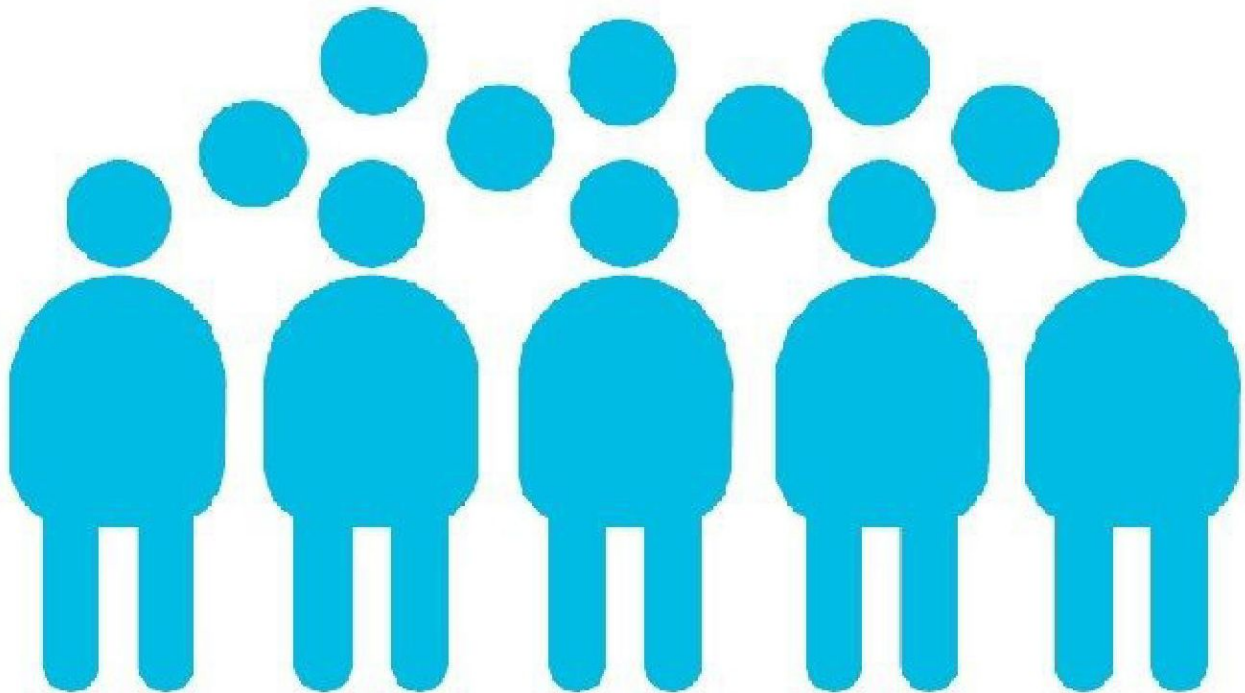


Extended Profile

Catalogue # 1455

London
Sperm
Bank



Donor Extended Profile

Donor Attributes

Your Origins: -

Year of Birth:

Town/State/County of Birth:

Country of Birth:

Race: - *Ethnicity*: Chinese

If mixed or other, please specify:

Asian Indian (*please specify region/community you belong to*):

Your Nationality:

Personal Characteristics: -

Eye Colour: (*Please click to select; you may mark more than one colour as appropriate*)

Blue Green Brown Grey Hazel Other:

Natural Hair Colour: (*Please click to select as appropriate*)

Black Dark Brown Light Brown Light Blond Dark Blond Red

Other:

Your hair colour as a child

Hair type: (*Please click to select; you may mark more than one type as appropriate*)

Straight Wavy Curly Afro

Balding (*Age of onset*):

Receding (*Age of onset*):

Hair Texture: (*Please click to mark as appropriate*):

Normal Frizzy Thin Coarse Smooth Silky

Donor #1455

Skin Tone: (Please click to mark as appropriate)

- Very Fair Light Brown Olive
 Fair Medium Brown Medium Black
 Medium Fair Dark Brown Dark
 Black

Do you have freckles? No

If yes, how many freckles do you have on unexposed areas of your skin? (Please click to mark as appropriate)

- Many Several A Few Very Few None

How does your skin respond to the sun? (Please click each column to mark as appropriate)

- Always tans deeply Always burns, blisters and peels
 Tans moderately Often burns, blisters and peels
 Tans lightly Burns moderately
 Not at all or tans very lightly Burns rarely, if at all
 My skin is naturally dark

Current Height (m):

1.72

Current Weight (kg):

83

Body type: (Please click to mark as appropriate)

- Athletic Large Muscular Slim

Eye Sight:

- Normal Sighted Long Sighted Short Sighted

I wear corrective glasses/lenses: Yes

My sight is surgically corrected: No

Donor #1455

Mention any distinguishing features you have: (e.g. cleft chin, dimples, hooked nose, roman nose, etc.)

None

Education:

What is your basic qualification?

B.E.

What is your highest qualification?

PhD

Mention any additional qualifications you have:

B.A., M.E.

What is your current occupation?

PhD Graduate

Mention other occupations you have had in the last 5 years:

Nothing mentioned

Where do you see yourself in 10 years' time?

A research staff in a higher education

Are you?

Religious Agnostic Non Religious Atheist

If religious, what religion/belief do you follow?

Donor #1455

A bit more information...**What is your:**

Mother tongue:

Chinese

Do you know any other languages?

English

Favourite Food(s):

Spicy ones

Favourite sport(s):

Football

Favourite TV show(s):

Nothing mentioned

Favourite Film(s):

Inception

Favourite Music:

I Will Survive

Favourite Colour:

Red

Favourite animal(s):

Cats

Do you have any pets? No

If yes, which pets do you have?

Favourite Holiday Destination(s):

Europe

Favourite Cities:

London

How creative are you?

Fair

Do you have tattoos? No

If yes, mention where and since when

Do you have any body piercings? No

If yes, mention where and since when?

Are you?

 Right Handed Left Handed Ambidextrous

What are your Interests & Hobbies

Watching movies

How are your Athletic skills?

Fair

Donor #1455

How are your Mechanical skills?

Fair

What motivates you?

The will to succeed

What are your strengths and weaknesses?

Strengths: Organised Weaknesses: Sluggish

How is your relationship with your family?

Good

Describe yourself in 5 words:

Punctual, Considerate, Determined, Quiet, Kind-Hearted

What kind of a person are you? *(Please select one of the two options for each attribute)*

- | | |
|--|---|
| <input checked="" type="radio"/> Optimistic | <input type="radio"/> Pessimistic |
| <input type="radio"/> Assertive | <input checked="" type="radio"/> Passive |
| <input type="radio"/> Leader | <input checked="" type="radio"/> Follower |
| <input checked="" type="radio"/> Introverted | <input type="radio"/> Extroverted |
| <input checked="" type="radio"/> Quiet | <input type="radio"/> Expressive |
| <input type="radio"/> Doer | <input checked="" type="radio"/> Thinker |

Donor #1455

Rate your intelligence from Howard Gardner's Multiple Intelligence Assessment: - mark 1 as most and 9 as least of your intelligence (*follow guidance notes below*):

| Intelligence Category | Score (1-most, 9-least) |
|--|-----------------------------------|
| Naturalist (Understanding living things and reading nature) | 3 |
| Musical (Discerning sounds, their pitch, tone, rhythm, and timbre) | 9 |
| Logical-Mathematical (Quantifying things, making hypotheses and proving them) | 1 |
| Existential (Tackling the questions, of why we live, and why we die) | 8 |
| Interpersonal (Sensing people's feelings and motives) | 5 |
| Bodily-Kinaesthetic (Coordinating your mind and your body) | 4 |
| Linguistic (Finding the right words to express what you mean) | 6 |
| Intra-Personal (Understanding yourself, what you feel and what you want) | 2 |
| Spatial (Visualizing the world in 3D) | 7 |

Naturalist Intelligence: Naturalist intelligence designates the human ability to discriminate among living things (plants, animals) as well as sensitivity to other features of the natural world (clouds, rock configurations). This ability was clearly of value in our evolutionary past as hunters, gatherers, and farmers; it continues to be central in such roles as botanist or chef. It is also speculated that much of our consumer society exploits the naturalist intelligences, which can be mobilized in the discrimination among cars, sneakers, kinds of makeup, and the like.

Musical Intelligence: Musical intelligence is the capacity to discern pitch, rhythm, timbre, and tone. This intelligence enables us to recognize, create, reproduce, and reflect on music, as demonstrated by composers, conductors, musicians, vocalist, and sensitive listeners. Interestingly, there is often an affective connection between music and the emotions; and mathematical and musical intelligences may share common thinking processes.

Logical-Mathematical Intelligence: Logical-mathematical intelligence is the ability to calculate, quantify, consider propositions and hypotheses, and carry out complete mathematical operations. It enables us to perceive relationships and connections and to use abstract, symbolic thought; sequential reasoning skills; and inductive and deductive thinking patterns.

Existential Intelligence: Sensitivity and capacity to tackle deep questions about human existence, such as the meaning of life, why we die, and how did we get here.

Interpersonal Intelligence: Interpersonal intelligence is the ability to understand and interact effectively with others. It involves effective verbal and nonverbal communication, the ability to note distinctions among others, sensitivity to the moods and temperaments of others, and the ability to entertain multiple perspectives. Teachers, social workers, actors, and politicians all exhibit interpersonal intelligence. Young adults with this kind of intelligence are leaders among their peers, are good at communicating, and seem to understand others' feelings and motives.

Bodily-Kinaesthetic Intelligence: Bodily kinaesthetic intelligence is the capacity to manipulate objects and use a variety of physical skills. This intelligence also involves a sense of timing and the perfection of skills through mind-body union. Athletes, dancers, surgeons, and crafts people exhibit well-developed bodily kinaesthetic intelligence.

Linguistic Intelligence: Linguistic intelligence is the ability to think in words and to use language to express and appreciate complex meanings. Linguistic intelligence allows us to understand the order and meaning of words and to apply meta-linguistic skills to reflect on our use of language. Linguistic intelligence is the most widely shared human competence and is evident in poets, novelists, journalists, and effective public speakers. Young adults with this kind of intelligence enjoy writing, reading, telling stories or doing crossword puzzles.

Intra-personal Intelligence: Intra-personal intelligence is the capacity to understand oneself and one's thoughts and feelings, and to use such knowledge in planning and derationing one's life. Intra-personal intelligence involves not only an appreciation of the self, but also of the human condition. It is evident in psychologist, spiritual leaders, and philosophers. These young adults may be shy. They are very aware of their own feelings and are self-motivated.

Spatial Intelligence: Spatial intelligence is the ability to think in three dimensions. Core capacities include mental imagery, spatial reasoning, image manipulation, graphic and artistic skills, and an active imagination. Sailors, pilots, sculptors, painters, and architects all exhibit spatial intelligence. Young adults with this kind of intelligence may be fascinated with mazes or jigsaw puzzles, or spend free time drawing or daydreaming.

Donor #1455

| | | | | | |
|------------------|------------|---------|----------------------------|--------------|------------|
| Document number: | LO-FRM-344 | Author: | Minbattiwalla, Meheranghiz | Review date: | 13/07/2019 |
|------------------|------------|---------|----------------------------|--------------|------------|

Your Lifestyle

Fertility status:

Do you have any children? No

If yes: How many boys? 0 How many Girls? 0

Have you ever been responsible for a pregnancy other than above? No

Have you or your partner ever had a history of the following?

| | <i>You</i> | <i>Your partner</i> |
|-------------------|-------------------|----------------------------|
| -HIV | No | No |
| -Hepatitis | No | No |
| -Syphilis | No | No |
| -Gonorrhoea | No | No |
| -Chlamydia | No | No |
| -Trichomonas | No | No |
| -Genital Warts | No | No |
| -Genital Herpes | No | No |
| -Penile Discharge | No | No |
| -Any other STDs | No | No |

Have you recently put yourself at risk of any sexually transmitted disease? No

If yes, please explain:

Do you smoke? No If yes, how many on average a day? N/A

How many units of alcohol do you consume in a week? N/A

Are you taking any soft or hard drugs? No If yes, then list them below:

| | Drug | Since when? | Current status |
|---|------|-------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Donor #1455

Are you taking any medication? No If yes, then list them below:

| | Medication | Reason | Started on |
|---|------------|--------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Have you had exposure to pesticide, chemicals, x-rays or other radiation source? No

If yes, then list them below:

| | Source | When & for how long? |
|---|--------|----------------------|
| 1 | | |
| 2 | | |
| 3 | | |

List any surgeries you have had:

| | Surgery | In the year |
|---|---------|-------------|
| 1 | None | |
| 2 | | |
| 3 | | |

About your decision.....

How did you hear about London Sperm Bank?

From Wechat

What are your reasons for becoming a sperm donor?

I want to help others if I can.

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

| | | | | | | | | | | | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Anaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Haemophilia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Haemoglobin Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Sickle Cell | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Immune Deficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Thalassemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Malaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |

Cancer

| | | | | | | | | | | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Breast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Ovarian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Prostate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Lung | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Colon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Thyroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Leukaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Tumour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |

Cardio Vascular Diseases

| | | | | | | | | | | | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Stroke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Heart Attack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Coronary Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| High Blood Pressure - Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| High Cholesterol/Triglycerides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Arteriosclerosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Atherosclerosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Hereditary Hypercholesterolemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| Congenital Heart Malformation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 #1455

| | 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 #1455

| | 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 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 #1455

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

| | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Allergies (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 Hearing Anomalies | | | | | | | | | | | | | | | | | | | | X |
| Eyesight (Blindness) | | | | | | | | | | | | | | | | | | | | X |
| Eyesight (Colour Blindness) | | | | | | | | | | | | | | | | | | | | X |
| Eyesight (Glaucoma) | | | | | | | | | | | | | | | | | | | | X |
| Cataracts before age 50 | | | | | | | | | | | | | | | | | | | | X |
| Other sight, sound, smell disorder | | | | | | | | | | | | | | | | | | | | X |

Urinary

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Kidney Disease | | | | | | | | | | | | | | | | | | | | X |
| Polycystic Kidneys | | | | | | | | | | | | | | | | | | | | X |
| Disease of the Urinary 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 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

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 #1455

Biological Family Characteristics

| Relative | Eye Colour | Hair Colour | Skin Tone | Build(Short/Medium/Tall) | Ethnic Group | Distinguishing Features (if any) | Alive/Deceased (age and reason if deceased) |
|----------|------------|-------------|-------------|--------------------------|--------------|----------------------------------|---|
| Mother | Brown | Black | Light Brown | Medium | Oriental | None | Alive |
| Father | Brown | Black | Light Brown | Medium | Oriental | None | Alive |

Donor #1455

| | | | | | |
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| Document number: | LO-FRM-344 | Author: | Minbattiwalla, Meheranghiz | Review date: | 13/07/2019 |
|------------------|------------|---------|----------------------------|--------------|------------|

Pen Sketch *(Please write an essay about yourself i.e., describing your childhood, progressing towards your adult life in a few words, including some memorable events if you've had):*

This donor has been top in the class since grade 2 in primary school and is now a PhD candidate at a [REDACTED] university. He is holding two Bachelor's Degrees and a Master's Degree. He is willing to help others when he thinks he can stand out to help. He may choose to stay within academia after graduation. The decision to donate may be one of many the best things he ever chose to do. [REDACTED]

Donor #1455

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|------------------|------------|---------|---------------------------|--------------|------------|

Goodwill Message for recipients using your donations:

I wish you all the best and have a lovely child.

Goodwill Message for children born from your donations:

I wish you all the best. You are destined to become a legend. Good luck!

Donor #1455

| | | | | | |
|------------------|------------|---------|----------------------------|--------------|------------|
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