



Message to the Potential Couple

YD-695-DS-525

所在国家	美国
籍贯	美国
出生或年龄	23岁
身高	5'07(英文单位i)
体重	135LBS
血型	未知
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否



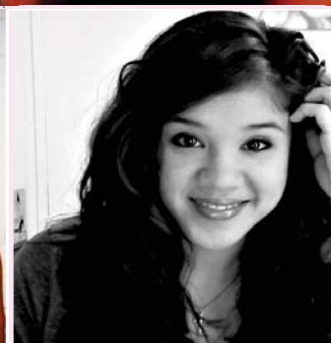
Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年3月份



With Family Members



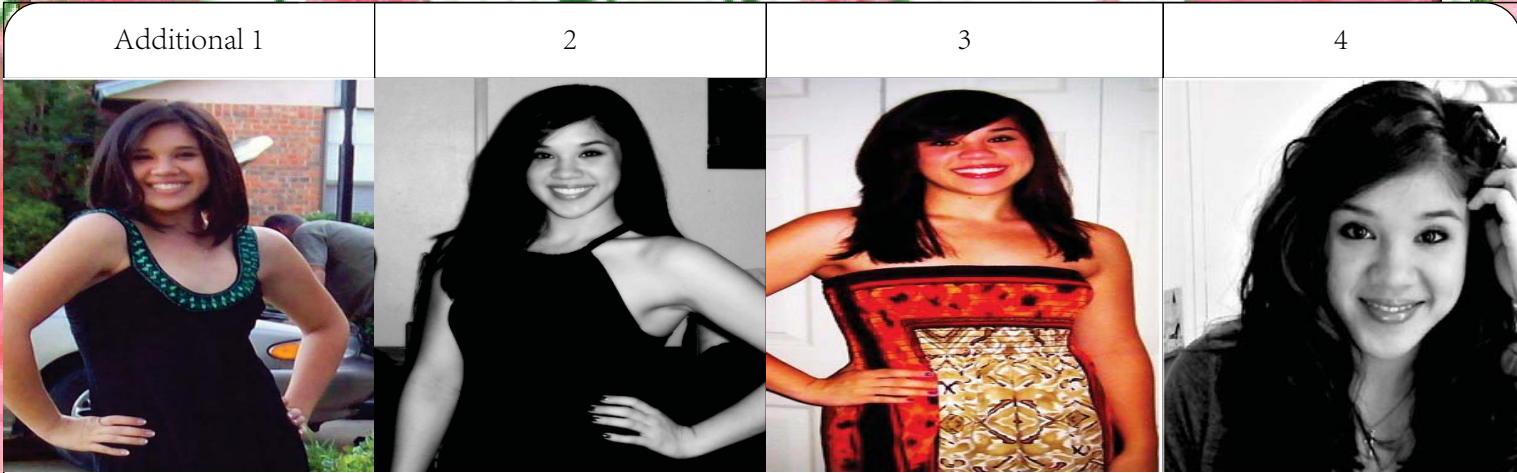
With Family Members

TODAY 14-3-31

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622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 525

TODAY 14-3-31

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DNAP Profile

DAP YUlane.org
Donor Assessment Program



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Profiles Presentation Lu Jie Page 3

Interview by DS

DONOR Applicant Nick Name 525



Donor Data sourced by the Donor Agency

Nick Name: 525

Donor Number

"525"

What is your city?

"Houston"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"No"

Age

"23"

What is your height?

"5'07"

What is your weight in pounds?

"135"

What is your body type?

"Athletic"

What is your skin complexion?

"Medium"

What is your natural hair color?

"Dark Brown"

What is your hair texture?

"Straight"

What is your eye color?

"Brown"

Have you had any plastic surgery?

"No"

Have you had any orthodontia?

"Yes"

If yes, what was the reason and for what duration of treatment.

"Fix bite alignment-minor; 1 year"

Have you had vision correction surgery?

"No"

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Donor Data sourced by the Donor Agency
Nick Name: 525

Do you have glasses?

"Yes"

Do you have contacts?

"No"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Oval"

How significant was your adolescent acne?

"Average"

How significant is your adult acne?

"During Menstruation"

What was your natural hair color as a child?

"Dark Brown"

What is your natural hair color as an adult?

"Dark Brown"

What is your hair type?

"Medium"

What is your hair fullness?

"Thick"

Select the general shape of your eyes.

"Almond"

Select the general size of your eyes.

"Average"

Select the general shade of your eyes.

"Dark"

Select the general description of your eyebrows.

"Average"

Select the general description of your eyelashes.

"Long"

Select the general description of the size of your mouth.

"Medium"

Select the general description of the size of your lips.

"Full"

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Donor Data sourced by the Donor Agency

Nick Name: 525

Select the general description of the shape of your chin.

"Oval"

Select the general description of the cleft in your chin.

"Small"

Do you have dimples?

"Left"

Select the general description of the size of your teeth.

"Average"

What is your frame size?

"Medium"

What are your natural chest measurements in inches?

"35"

What is your waist size in inches?

"27"

What is your hip size in inches?

"29"

What is your dress size?

"8"

Describe any significant moles you may have on your body.

"1 flat circular brown on right back shoulder, slightly smaller than eraser on end of a pencil"

Select the general description of your skin tone.

"Olive"

Select the general shade of your skin.

"Medium"

Select the general description of your type of skin.

"Combination"

Select the general description of freckles on your body.

"Some"

Select the general description of your ability to tan.

"Slightly Tan"

What is your dominant hand?

"Right"

How many times have you donated eggs?

"0"

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Profiles Presentation Lu Jie Page 6

Interview by DS

DONOR Applicant Nick Name 525



Donor Data sourced by the Donor Agency

Nick Name: 525

What is your occupation?

"Student"

What is your college GPA? (or enter N/A if haven't attended college)

"3.8"

What languages do you know?

"English"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.9	HS Diploma	college-prep
Community College:	3.8		Biology
Bachelors Degree:	3.8	Bachelor of Arts	Biology, Chemistry, Spanish
Graduate School:	just started (2014)	Master of Science	Physician Assistant
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	1660	2007
ACT Score:		

What were/are your best subjects in school?

"Science and math"

What areas of academic weakness to you have?

"English"

Please describe any awards you have received. (Do not provide information that may identify you).

"National Honor Society and National Society of Collegiate Scholars"

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Donor Data sourced by the Donor Agency

Nick Name: 525

What are your career goals?

"Physician Assistant"

Are you adopted?

"No"

Please select the dominant ethnicity of each of the following relatives:

Family Ethnicity MGM MGF PGM PGF

Ethnicity: German Irish Asian Chinese

What is your mother's ethnicity?

"American Indian" "English" "German" "Irish"

What is your father's ethnicity?

"Asian" "Chinese" "Other (explain)"

Please explain "Other"

"Filipino"

Please select the height of each of the following family members:

Family Height Mother Father MGM MGF PGM PGF

Height: 5'04" 5'10" 5'02" 6'02" 5'02" 6'00"

Please select the weight (in pounds) of each of the following family members: (please just enter)

Family Weight Mother Father MGM MGF PGM PGF

Weight: 190 160 unknown unknown unknown unknown

Please select the body type of each of the following family members:

Family Body Type Mother Father MGM MGF PGM PGF

Body Type: Round Athletic Round Athletic Straight Athletic

Please select the eye color of each of the following family members:

Family Eye Color Mother Father MGM MGF PGM PGF

Eye Color: Hazel Brown Brown Gray Blue Brown Brown

Please select the natural hair color of the following family members as they were when they were

Family Hair Color Mother Father MGM MGF PGM PGF

Hair Color: Auburn Black Dark Brown Red Dark Brown Black

Please select the skin tone of each of the following family members:

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Donor Data sourced by the Donor Agency

Nick Name: 525

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Pink	Light Brown	Pink	Pink	Light Brown	Light Brown

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

"No"

Are you of African ancestry?

"No"

Are there any known genetic conditions in your family?

"No"

Do you have children?

"No"

Please provide the following information about your full siblings (enter n/a in a cell if you have

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	Male	5'10"	170	athletic	brown	dark brown	olive
Sibling 2:							
Sibling 3:							
Sibling 4:							
Sibling 5:							

How many children do you have?

"0"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	49			Intake Specialist-Insurance	Bachelors Degree

个人资料合计页为 29页



Donor Data sourced by the Donor Agency
Nick Name: 525

Father:	49			Post Office Mail Handler	High School Diploma
Maternal Grandmoth er:	80			mom	High School
Maternal Grandfathe r:		83		Army	High School
Paternal Grandmoth er:	76			mom	High School
Paternal Grandfathe r:		69	leukemia	Basketball player/coach	College
Sibling 1:	19			Student	college
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

How many full siblings are in your family? (include yourself)

"2"

Why do you want to become an egg donor?

"To be able to help other women who may want to become parents but are unable to do so."

Is your husband / partner supportive of your desire to be a donor?

"Yes"

What is your personality like? Are you outgoing, shy, reserved, easy going?

"reserved"

What are your plans for the future? Where do you see yourself in 5 and 10 years?

"Finishing school to become a physician's assistant and getting married and having kids"

What has been your most proud moment to date? What achievement are you most proud of?

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Donor Data sourced by the Donor Agency
Nick Name: 525

"Graduating from college"

What is your personal philosophy of life?

"To do the best I can do every single day and be happy!"

What do you like to do with your leisure time?

"read, sing, dance"

How active are you physically?

"fairly active. I go to the gym at least 5 times a week"

What sports or activities do you participate in?

"basketball"

Have you played on sports teams or excelled in athletics? Which ones?

"yes, basketball and track"

What your xxx other skills or talents such as writing, acting, dancing, etc.

"singing and dancing"

Name some of your interests. Reading, traveling, camping, sewing, etc.

"reading, arts and crafts, puzzles, taking care of animals"

List any clubs, sport teams, organizations that you belong to:

**"National Society of Collegiate Scholars, Alpha Epsilon Delta
Pre-Health Honor Society, Biological Honor Society"**

List any honors or awards you have received.

**"Executive Vice President of Honor Society, Dean's and President's
List multiple semesters"**

What sort of volunteer work have you done?

"Children's hospital every Sunday for over 1 year"

What is your favorite food?

"Italian"

What is your favorite song?

"A Song for You- Donny Hathaway"

Who is your favorite star / celebrity?

"Julie Andrews"

What is your favorite book?

"Tuesdays with Mortie"

What is your favorite color?

"Green"

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Donor Data sourced by the Donor Agency

Nick Name: 525

What is your favorite sport?

"Basketball"

What was your favorite childhood activity?

"Playing in the backyard, exploring nature. esp insects"

Who do you admire most and why?

"my mother because of her endurance and determination no matter what circumstances may arise"

Do you have or did you have a pet? What type?

"yes- 1 cat and 1 dog"

Are you religious or spiritual?

"yes"

Do you practice your religion?

"yes"

What religion or spiritual ritual do you practice now?

"non-denominational"

What is one thing that is totally unique about you?

"my care for others"

Describe yourself as a young child.

"Carefree"

What was your favorite thing to do as a child?

"Playing in the backyard, exploring nature, especially insects. I loved bugs"

What was your favorite subject in school?

"Biology"

What do you remember most about your mother when you were a child?

"Her endurance and determination no matter what the circumstances"

What do you remember most about your father when you were a child?

"hard working"

What was your favorite vacation as a child?

"We really didn't go on vacation"

What problems did you have when you were a teenager? Social? Health? etc.

"None really, I was active and enjoyed high school."

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH

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Donor Data sourced by the Donor Agency
Nick Name: 525

you or one of your genetic relatives have or had. Please consider each condition carefully for
of your family members have a history of the specific medical condition, please check "None"

Birth Defects	Non Se	Childr	Moth	Fath	Sibli	Grandpare	Aunt/Un	Cous	
	e	lf	en	er	er	ng	nts	cle	in
Cleft Lip / Palate:	<input checked="" type="checkbox"/>								
Congenital Hip Problems:	<input checked="" type="checkbox"/>								
Club Feet:	<input checked="" type="checkbox"/>								
Heart Defect:							<input checked="" type="checkbox"/>		
Hearing Problems:	<input checked="" type="checkbox"/>								
Spina Bifida - Neural Tube (open spine):	<input checked="" type="checkbox"/>								
Microcephaly:	<input checked="" type="checkbox"/>								
Holoprosencephaly - a single-lobed brain structure and severe skull and facial defects:	<input checked="" type="checkbox"/>								
Other:	<input checked="" type="checkbox"/>								

For every relative, please indicate your relation to them (include maternal or paternal), the age other pertinent information of which you are aware.

"Aunt-Maternal relative, congenital heart defect, (my father's aunt...my great aunt)"

Carefully review the following list of medical problems (CHROMO SOMAL ABNORMALITIES) of your genetic relatives have or had. Please consider each condition carefully for each family m members have a history of the specific medical condition, please check "None".

Chromoso	Non Sel	Childr	Moth	Fath	Siblin	Grandpare	Aunt/Un	Cousi	
mal	e	f	en	er	er	g	nts	cle	n
Down Syndrome:	<input checked="" type="checkbox"/>								
Other (i.e. Turner,	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 525

Fragile X,
Klinefelter's, etc.):

Carefully review the following list of medical problems (CANCER) and identify which ones you or had. Please consider each condition carefully for each family member. If you and none of you the specific medical condition, please check "None".

Cancer	Non Sel	Childre	Moth	Fathe	Siblin	Grandparen	Aunt/Unc	Cousi	
	e	f	n	er	r	g	ts	le	n
Breast:	<input checked="" type="checkbox"/>								
Colon or Intestinal:	<input checked="" type="checkbox"/>								
Lung:	<input checked="" type="checkbox"/>								
Ovarian or Uterine:	<input checked="" type="checkbox"/>								
Prostate or Testicular:						<input checked="" type="checkbox"/>			
Skin:	<input checked="" type="checkbox"/>								
Stomach:	<input checked="" type="checkbox"/>								
Thyroid:	<input checked="" type="checkbox"/>								
Blood (e.g. leukemia):						<input checked="" type="checkbox"/>			
Other:	<input checked="" type="checkbox"/>								

For every relative, please indicate your relation to them (include maternal or paternal), the age and other pertinent information of which you are aware.

"Maternal Grandfather prostate cancer age 60 and leukemia age 79"

Carefully review the following list of medical problems (HEART) and identify which ones you or had. Please consider each condition carefully for each family member. If you or none of you the specific medical condition, please check "None".

Heart	Non Sel	Childre	Moth	Fathe	Siblin	Grandparen	Aunt/Unc	Cousi	
	e	f	n	er	r	g	ts	le	n

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Donor Data sourced by the Donor Agency
Nick Name: 525

Stroke:	<input checked="" type="checkbox"/>		
Heart Attack:		<input checked="" type="checkbox"/>	
Congenital Heart Disease:			<input checked="" type="checkbox"/>
Heart Disease or Defect:	<input checked="" type="checkbox"/>		
Hardenin g of the Arteries:	<input checked="" type="checkbox"/>		
High Blood Pressure:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
High Cholesterol Level:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For every relative, please indicate your relation to them (include maternal or paternal), the age other pertinent information of which you are aware.

"Father-high blood pressure and cholesterol age 40
Paternal Grandfather- high blood pressure and cholesterol age 40"

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and id genetic relatives have or had. Please consider each condition carefully for each family memb members have a history of the specific medical condition, please check "None".

Reproductive Outcomes	No ne	Se lf	Childr en	Moth er	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cous in
2 or more Miscarriages:	<input checked="" type="checkbox"/>								
Stillborn:	<input checked="" type="checkbox"/>								
Premature Menopause:	<input checked="" type="checkbox"/>								
Death of a newborn infant:	<input checked="" type="checkbox"/>								
Childhood death:	<input checked="" type="checkbox"/>								
Birth Defects:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 525

Infertility:
Premature Birth:

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Genitals / Reproductive	No ne	Se lf	Childr en	Moth er	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cous in
Hermaphroditism / Ambiguous Genitals:	<input checked="" type="checkbox"/>								
Hypospadias or Undescended Testicle(s):	<input checked="" type="checkbox"/>								
Uterine Fibroids:	<input checked="" type="checkbox"/>								
Ovarian Cysts or Ruptured:	<input checked="" type="checkbox"/>								
Lumps or Cysts in Breast or Discharge:	<input checked="" type="checkbox"/>								
Polycystic Ovarian Syndrome (PCOS):	<input checked="" type="checkbox"/>								
Pelvic Inflammatory Disease (PID):	<input checked="" type="checkbox"/>								
Endometriosis:	<input checked="" type="checkbox"/>								

Carefully review the following list of medical problems (BLOOD) and identify which ones you or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Blood	Non e	Sel f	Childr en	Moth er	Fath er	Sibli ng	Grandpare nts	Aunt/Un cle	Cous in
Anemia:	<input checked="" type="checkbox"/>								
Sickle-Cell Anemia:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 525

Factor V
Leiden
Thrombophilia
(blood clots or
strokes):

Hemophilia or
other
Bleeding/Clot
ting Disorder
such as Von
Willebrand's
Disease:

Immune
Deficiency:

Leukemia:

Lymphoma or
Swollen
Lymph Nodes:

HIV:

Thalassemia:

Polyarteritis
Nodosa:

Other Blood
Disorder:

For every relative, please indicate your relation to them (include maternal or paternal), the age of the relative, and other pertinent information of which you are aware.

"Maternal Grandfather-leukemia age 79"

Carefully review the following list of medical problems (RESPIRATORY) and identify which one or more of your relatives have or had. Please consider each condition carefully for each family member. If you or your relative have a history of the specific medical condition, please check "None".

Respirator y	Non e	Sel f	Childr en	Moth er	Fath er	Siblin g	Grandpare nts	Aunt/Unc le	Cousi n
Asthma:						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Hay Fever:	<input checked="" type="checkbox"/>								
Emphysem a:	<input checked="" type="checkbox"/>								



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Donor Data sourced by the Donor Agency
Nick Name: 525

Tuberculosis:

Pneumonia:

Alpha-1 antitrypsin Disorder:

Blood in Sputum:

Other Lung Disease:

For every relative, please indicate your relation to them (include maternal or paternal), the age and other pertinent information of which you are aware.

"Sibling- asthma age 7, pneumonia age 7
Maternal Grandmother- asthma age 60
Mother- pneumonia age 35"

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which relatives have or had. Please consider each condition carefully for each family member. If you have a history of the specific medical condition, please check "None".

Gastro-Intest	Non Sel	Childr	Moth	Fath	Sibli	Grandpare	Aunt/Un	Cous
inal	e f	en	er	er	ng	nts	cle	in

Appendicitis:

Ulcer of Stomach or Duodenum:

Gallstones:

Hepatitis A, B, or C:

Cirrhosis of the Liver:

Other Liver Disease:

Ulcerative Colitis:

Crohns Disease:

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Donor Data sourced by the Donor Agency
Nick Name: 525

- Pyloric Stenosis:**
- Multiple Polyps of the Colon:**
- Rectal Disorder:**
- Inflammatory Bowel Disease:**
- Any other problem of the digestive system:**

For every relative, please indicate your relation to them (include maternal or paternal), the age and other pertinent information of which you are aware.

"Paternal Grandfather- cirrhosis of liver age 60"

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify genetic relatives have or had. Please consider each condition carefully for each family member. If any family members have a history of the specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Diabetes requiring insulin therapy:							<input checked="" type="checkbox"/>		
Diabetes not requiring insulin therapy:	<input checked="" type="checkbox"/>								
Childhood Diabetes:	<input checked="" type="checkbox"/>								
Thyroid Disorder:								<input checked="" type="checkbox"/>	
Goiter:	<input checked="" type="checkbox"/>								
Hypoglycemia:	<input checked="" type="checkbox"/>								
Adrenal Dysfunction or	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 525

Disorder:

Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:

Obesity:

Dwarfism:

For every relative, please indicate your relation to them (include maternal or paternal), the age of the relative, and any other pertinent information of which you are aware.

"Maternal Grandmother- diabetes age 55, obesity age 50
Mother- obesity age 30"

Carefully review the following list of medical problems (URINARY) and identify which ones your genetic relatives have or had. Please consider each condition carefully for each family member. If none of your family members have a history of the specific medical condition, please check "None".

Urinary	None	Siblings	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Kidney Problems:	<input checked="" type="checkbox"/>								
Polycystic Kidney Disease:	<input checked="" type="checkbox"/>								
Other disease/defect of urinary tract (urethra, bladder, ureter):	<input checked="" type="checkbox"/>								

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones your genetic relatives have or had. Please consider each condition carefully for each family member. If none of your family members have a history of the specific medical condition, please check "None".

Neurological	None	Siblings	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Migraines:	<input checked="" type="checkbox"/>								

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Nick Name: 525

Mental Retardation:

Senility or Mental Deterioration before age 50:

Multiple Sclerosis:

Cerebral Palsy:

Neurofibromatosis:

Epilepsy / Seizures:

Attention Deficit Disorder / Hyperactivity:

Autism / Asperger's:

Alzheimer's Disease / Dementia:

Hydrocephalus:

Tuberous Sclerosis:

Parkinson's Disease:

Creutzfeldt-Jakob Disease:

Scoliosis:

Myasthenia Gravis:

Huntington's:

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Donor Data sourced by the Donor Agency

Nick Name: 525

or Wilson's
Disease:

Tourettes's
Syndrome:

Other
diseases of
the nervous
system:

For every relative, please indicate your relation to them (include maternal or paternal), the age disease state, and any other pertinent information of which you are aware.

"Maternal Grandfather- Parkinson's disease age 60"

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which of your genetic relatives have or had. Please consider each condition carefully for each family member. If none of your family members have a history of the specific medical condition, please check "N"

	Mental Health	Non Se e	Childr lf en	Moth er	Fath er	Sibli ng	Grandpare nts	Aunt/Un cle	Cous in
Anxiety / Panic Attacks:							<input checked="" type="checkbox"/>		
Anorexia / Bulemia / Other eating disorders:		<input checked="" type="checkbox"/>							
Depression:				<input checked="" type="checkbox"/>					
Schizophre nia:		<input checked="" type="checkbox"/>							
Manic Depressive or Bipolar Disorder:		<input checked="" type="checkbox"/>							
Other mental health disorder requiring hospitalizat ion:		<input checked="" type="checkbox"/>							

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Donor Data sourced by the Donor Agency
Nick Name: 525

Suicide Attempts:

Other mental health problems that warranted counseling:

For every relative, please indicate your relation to them (include maternal or paternal), the age disease state, and any other pertinent information of which you are aware.

"Paternal Grandmother- anxiety age 50 with husband in Army

Mother- depression and counseling for post-partum depression and after job loss"

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify w of your genetic relatives have or had. Please consider each condition carefully for each family none of your family members have a history of the specific medical condition, please check "N

Muscle/Bone/ Joints	No ne	Se lf	Childr en	Moth er	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cous in
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Muscular Dystrophy:

Achondroplasi a- form of dwarfism with abnormal bone growth:

Other Chronic Muscle Disease:

Osteogenesis imperfecta (brittle bone disease):

Loss of Muscle Coordination:

Osteoporosis:

Marfan Syndrome:

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Donor Data sourced by the Donor Agency

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Arthritis:

Rheumatoid or Juvenile Arthritis:

Spinal Muscular Atrophy:

Hereditary Low Back Disorder or Deformity of Spine:

Reiter's Disease:

Myasthenia Gravis:

Gout:

Metabolic Bone Disease:

Lupus (systemic lupus erythematosis - SLE):

Carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify wh of your genetic relatives have or had. Please consider each condition carefully for each family none of your family members have a history of the specific medical condition, please check "N

Sight/Sound/Smell	No ne	Se lf	Childr en	Moth er	Fath er	Sibli ng	Grandpar ents	Aunt/Un cle	Cous in
-------------------	-------	-------	-----------	---------	---------	----------	---------------	-------------	---------

Amusia (medical tone deafness):

Deafness before age 60:

Deformity of the ear:

Cataracts

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Donor Data sourced by the Donor Agency

Nick Name: 525

before age 50:

Blindness:

Color Blindness:

Sever Myopia:

Glaucoma:

Retinoblastoma:

Retinitis Pigmentosa:

Deviated Septum:

Another other Sensory Disorder:

For every relative, please indicate your relation to them (include maternal or paternal), the age disease state, and any other pertinent information of which you are aware.

"Father- colorblind age 20"

Carefully review the following list of medical problems (SKIN) and identify which ones you or relatives have or had. Please consider each condition carefully for each family member. If you family members have a history of the specific medical condition, please check "None".

Skin	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Acne:		<input checked="" type="checkbox"/>							
Albinism:	<input checked="" type="checkbox"/>								
Eczema:	<input checked="" type="checkbox"/>								
Excessive Facial Hair (Hirsutism):	<input checked="" type="checkbox"/>								
Pigmentation Disorders:	<input checked="" type="checkbox"/>								
Psoriasis:	<input checked="" type="checkbox"/>								
Neurofibromatosis:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 525

Other disorders of the skin:

Infectious Skin Disease:

More than 5 purple or coffee colored spots on skin (size of quarter or larger):

For every relative, please indicate your relation to them (include maternal or paternal), the age disease state, and any other pertinent information of which you are aware.

"Acne: self-age 13,"

Carefully review the following list of medical problems (OTHER) and identify which ones you or relatives have or had. Please consider each condition carefully for each family member. If you or family members have a history of the specific medical condition, please check "None".

Other	Non Sel	Childr	Moth	Fath	Sibli	Grandpare	Aunt/Un	Cousi	
	e	f	en	er	er	ng	nts	cle	n
Alcoholism:	<input checked="" type="checkbox"/>								
Drug Abuse, Misuse or Addiction:	<input checked="" type="checkbox"/>								
Premature degeneration of any organ system:	<input checked="" type="checkbox"/>								
Anorexia:	<input checked="" type="checkbox"/>								
Bulemia:	<input checked="" type="checkbox"/>								
Other Eating Disorder:	<input checked="" type="checkbox"/>								
Any other	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency

Nick Name: 525

**condition
not
mentioned
in any
other
question:**

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"no"

Have you had chlamydia within the past 12 months?

"No"

Do you have herpes?

"No"

Have you ever had Trichomoniasis?

"No"

Have you ever had Syphilis?

"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?

"No"

Have you ever been diagnosed with Severe Adult Acne?

"No"

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?

"No"

Have you ever been diagnosed with Ovarian Cysts?

"No"

Have you ever been diagnosed with Chronic Pelvic Pain?

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Donor Data sourced by the Donor Agency

Nick Name: 525

"no"

Have you ever been diagnosed with Polycystic Ovarian Disease?

"No"

Have you ever been diagnosed with Thyroid Disease?

"No"

Do you have allergies?

"Yes"

Do you take daily medications?

"No"

Do you take daily vitamins?

"Yes"

Do you take any herbal supplements?

"No"

Have you ever had any major medical problems?

"No"

How would you describe your overall health, both mentally and physically?

"Good health, seasonal allergies"

How old were you when you had your first period?

"12"

Are your cycles regular when not on the pill?

"Yes"

How many days are there from the beginning of one period to the beginning of the next period?

"20"

How many pregnancies have you had?

"0"

How many miscarriages have you had?

"0"

Has anyone in your immediate family (grandparents, parents, self, siblings) had multiple births?

"No"

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Donor Data sourced by the Donor Agency

Nick Name: 525

What method of birth control do you use?

"Birth Control Pills"

Do you drink?

"Yes"

How many drinks do you usually consume in a week?

"1-5"

Do you smoke or use tobacco products?

"No"

When is the last time you had marijuana?

"Never"

Have you ever used illegal drugs including marijuana or IV drugs and cocaine?

"No"

When is the last time you have used recreational or illicit drugs (cocaine, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids for non-medical reasons, or etc.)?

"Never"

Do you have any tattoos?

"No"

Do you have any body piercings?

"Yes"

If "Yes", when and where on your body.

"navel"

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