



制作
 2014.03.31
 L_Jie

Messege to the Potential Couple

YD-697-DS-606

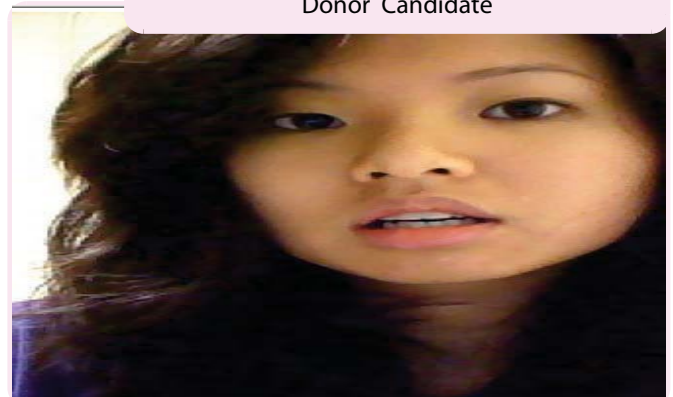
所在国家	美国
籍贯	美国
出生或年龄	22岁
身高	5'02(英文单位i)
体重	110LBS
血型	未知
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	是



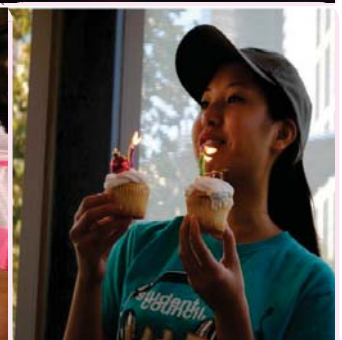
Donor Candidate

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 606

TODAY 14-3-31

622 FORM
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 606



Donor Data sourced by the Donor Agency

Nick Name: 606

Donor Number

"606"

What is your city?

"Austin"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"No"

Age

"22"

What is your height?

"5'02""

What is your weight in pounds?

"110"

What is your body type?

"Straight"

What is your skin complexion?

"Light"

What is your natural hair color?

"Black"

What is your hair texture?

"Wavy"

What is your eye color?

"Brown"

Describe any distinguishing physical characteristics.

"Toned legs, small hips, healthy weight, large bust, face dimple"

Have you had any plastic surgery?

"No"

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Donor Data sourced by the Donor Agency
Nick Name: 606

Have you had any orthodontia?

"No"

Have you had vision correction surgery?

"No"

Do you have glasses?

"No"

Do you have contacts?

"Yes"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Round"

How significant was your adolescent acne?

"Slight"

How significant is your adult acne?

"None"

What was your natural hair color as a child?

"Black"

What is your natural hair color as an adult?

"Black"

What is your hair type?

"Medium"

What is your hair fullness?

"Thick"

Select the general shape of your eyes.

"Oval"

Select the general size of your eyes.

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Nick Name: 606

"Average"

Select the general shade of your eyes.

"Dark"

Select the general description of your eyebrows.

"Medium"

Select the general description of your eyelashes.

"Normal"

Select the general description of the size of your mouth.

"Small"

Select the general description of the size of your lips.

"Average"

Select the general description of the shape of your chin.

"Round"

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.

"Small"

What is your frame size?

"Petite"

What are your natural chest measurements in inches?

"36"

What is your waist size in inches?

"25"

What is your hip size in inches?

"26"

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Donor Data sourced by the Donor Agency

Nick Name: 606

What is your dress size?

"2"

Describe any significant moles you may have on your body.

"D.A."

Select the general description of your skin tone.

"Olive"

Select the general shade of your skin.

"Light"

Select the general description of your type of skin.

"Combination"

Select the general description of freckles on your body.

"None"

Select the general description of your ability to tan.

"Easily"

What is your dominant hand?

"Right"

How many times have you donated eggs?

"1"

What is your occupation?

"student"

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

"3.2"

What languages do you know?

"English" "Spanish"

Please explain "Other"

"Vietnamese"

Please complete the table regarding your education.

Type of	GP Degr	Area of Study
---------	---------	---------------



Donor Data sourced by the Donor Agency
Nick Name: 606

Education	A	ee
High School:	4.0	Diploma High School
Community College:	3.5	none Basics
Bachelors Degree:	3.2	Dual Major BA/BS neurobiology/anthropology
Graduate School:		
Professional School:		

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	2020	2009
ACT Score:		

What were/are your best subjects in school?

"I was good at everything in high school because I was a straight A student. In college, I was very good at physical and biological anthropology, social sciences, and english."

What areas of academic weakness to you have?

"I am not as proficient in organic chemistry and calculus two as I would like to be."

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

"End Poverty poetry contest winner, University Honors Fall 2010, Culture Shapers Sculpture semi-finalist, VA SE medal, Academic Decathlon MVP, School spelling bee winner"

What are your career goals?

"Becoming a surgeon; I'm currently following a pre-med track during my undergraduate years. I'm planning to pursue an MS in basic medical sciences in 2014 and to start medical school in 2015."

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Donor Data sourced by the Donor Agency

Nick Name: 606

Are your adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Vietnamese	Vietnamese	Vietnamese	Vietnamese

What is your mother's ethnicity?

"Vietnamese"

What is your father's ethnicity?

"Vietnamese"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'00"	5'02"	5'00"	5'04"	5'00"	5'03"

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

Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	113	87	94	84	~130	~130

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

Family Body Type	Mother	Father	MGM	MGF	PGM	PGF
Body Type:	Straight	Straight	Straight	Straight	Athletic	Straight

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

Family Eye Color	Mother	Father	MGM	MGF	PGM	PGF
Eye Color:	Brown	Brown	Brown	Brown	Brown	Brown

Please select the natural hair color of the following family members as they were when they were a young adult:

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Black	Black	Black	Black	Black	Black

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

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF

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Nick Name: 606

Skin Tone: Olive Olive Olive Olive Olive Olive

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 no siblings):

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	female	5'	86	petite, slender	brown	black	fair, olive
Sibling 2:	male	5'6"	142	athletic	brown	black	medium brown
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:	58			babysitter	some high school
Father:	65			technicia	philosophy

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				n	BA
Maternal Grandmother:	88		stomach ulcer surgery complication	mom	unknown
Maternal Grandfather:	46		car accident		D.A.
Paternal Grandmother:	84				D.A.
Paternal Grandfather:	40		plane accident		D.A.
Sibling 1:	22			pastry chef	associates degree
Sibling 2:	23			US Airforce technician	high school
Sibling 3:					
Sibling 4:					
Sibling 5:					

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

"2"

Please add any other comments about your health or your immediate family's health history.

"My siblings and I are healthy and do not have any allergies and my parents have been healthy and haven't had any serious health conditions."

Why do you want to become an egg donor?

"interested in the experience"

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

"N/A"

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

"I'm inquisitive in general. Towards others, I have a bold yet polite manner."

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Donor Data sourced by the Donor Agency

Nick Name: 606

My friends think I'm very unique, intelligent, and charming. I maintain my confidence in all situations, but I don't take things too seriously and am very down to earth."

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

"Going to medical school and becoming a surgeon. I'd like to start a family before I'm 30, but at the moment I am very career-oriented"

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

"Earning my anthropology degree within 2.5 semesters, becoming an aunt, moving out of my parents house, and adopting a dog and kitten."

What is your personal philosophy of life?

"Live and let live; I enjoy living life to the fullest and strive to never take the presence of my loved ones for granted. I'd never dissuade someone from following their dreams because I strongly believe in the pursuit of happiness."

What do you like to do with your liesure time?

"Hang out with friends and family, write, read, watch movies, play with pets, hiking, and cooking."

How active are you physically?

"I walk and hike daily, practice yoga sometimes, and go to the gym one to two times a week."

What sports or activities do you participate in?

"I practice yoga, go hiking in pretty trails, sculpt, write, draw, and make jewelry."

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

"I was on the JV softball team and the varsity tennis team in high school. Aside from that, I trained in jujitsu ground wrestling and muay thai kickboxing. And, I practice yoga."

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

"I write poetry and essays, sculpt with clay, sketch designs, and am good at working with metals and making jewelry."

Name some of your interests.

Reading, traveling, camping, sewing, etc.

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Donor Data sourced by the Donor Agency . .

Nick Name:606

What is one thing that is totally unique about you? . .

"My curiosity is immense, I'm intrigued by so many phenomena and am driven to learn how and why things (anything and everything) work the way they do." . .

What would you like to say to any potential recipient? . .

"I wish you so much joy and plenty of luck in building your family. Thank you for letting me be part of this experience." . .

Describe yourself as a young child. . .

"If I were to describe my childhood with words, it was very joyful, loving, and fearless. I had so much fun with my siblings, my parents were awesome, and my imagination was wild." . .

What was your favorite thing to do as a child? . .

"My favorite childhood memory is from when I was only two years old and my family got our first dog, Simba. He symbolizes my interest and passion for all animals throughout my whole life." . .

What was your favorite subject in school? . .

"I liked art and science, particularly because they were more hands on. In science, I was intrigued with biology and learning about organisms. Also, art was such a rewarding form of self expression and a great medium for design." . .

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

"She was very nice, and I'm still amazed at how patient she was with the three of us wild kids running around." . .

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

"He made us feel like we were the most important people in the world, always doing whatever he could to make sure that we were happy. Also, he was a great teacher and taught us about so many things about people and animals and life." . .

What was your favorite vacation as a child? . .

"Going to the lake and riding on a jetski with my siblings and cousins. We used to start the day with

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Nick Name: 606

Reading, traveling, camping, sewing, etc.

"I enjoy reading, design (fashion and art), cooking, writing, traveling, anything that has to do with animals, and movies"

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

"I'm part of my school anthropology association and honors program, a yoga society, and a motorcycle club."

List any honors or awards you have received.

"I won my middle school spelling bee, I've won 9 art awards/medals for my sculptures in the Houston area. My poem submission for the End Poverty Challenge was in the Houston top ten a few years ago, and I was an honor student during college."

What sort of volunteer work have you done?

"I've restocked the shelves in a pantry at a local Houston food bank, organized two Health fairs in Houston, volunteered for children's day at the museum, did a bunch of recycling projects, and did kennel duty at the animal shelter."

What is your favorite food?

"I like ice cream, french fries, any kind of pasta, chips and dip, margarita pizza, and fish tacos."

What is your favorite song?

"Dare you to Move by Switchfoot"

Who is your favorite star / celebrity?

"Keith Urban, Beyonce, Robert DeNiro, Clint Eastwood, Angelina Jolie, Johnny Depp, James Franco, and Natalie Portman"

What is your favorite book?

"East of Eden by John Steinbeck"

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"If I were to describe my childhood with words, it was very joyful, loving, and fearless. I had so much fun with my siblings, my parents were awesome, and my imagination was wild."

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

"She was very nice, and I'm still amazed at how patient she was with the three of us wild kids running around."

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

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"He made us feel like we were the most important people in the world, always doing whatever he could to make sure that we were happy. Also, he was a great teacher and taught us about so many things about people and animals and life."

What was your favorite vacation as a child?

"Going to the lake and riding on a jetski with my siblings and cousins. We used to start the day with a ride on my uncle's yacht then try to fish, look for clams, and spot turtles. It was so fun and I've always loved being around water."

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

"I "blossomed" pretty early, so I used to wear t-shirts all the time because I felt awkward in my physical body in my early teens. However, I gained so much confidence over the years."

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH DEFECTS) and identify which ones you or one of your 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".

Birth Defects	No ne	Se lf	Child ren	Mot her	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cou sin
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"/>							

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Hearing Problems:

Spina Bifida - Neural Tube (open spine):

Microcephaly:

Holoprosencephaly - a single-lobed brain structure and severe skull and facial defects:

Other:

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) and identify which ones you or one of your 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".

Chromosomal None Self Children Mother Father Siblings Grandparents Aunt/Uncle Cousins

Down Syndrome:

Other (i.e. Turner, Fragile X, Klinefelter's, etc.):

Carefully review the following list of medical problems (CANCER) and identify which ones you or one of your 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".

Cancer None Self Children Mother Father Siblings Grandparents Aunt/Uncle Cousins

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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 of onset of the disease state, and any other pertinent information of which you are aware.

"Aunt has pancreatic cancer at age 64"

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

	No	Se	Childr	Moth	Fath	Sibli	Grandpar	Aunt/Un	Cous
Heart	ne	lf	en	er	er	ng	ents	cle	in
Stroke:	<input checked="" type="checkbox"/>								
Heart Attack:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency

Nick Name: 606

Congenital Heart Disease:

Heart Disease or Defect:

Hardening of the Arteries:

High Blood Pressure:

High Cholesterol Level:

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and identify which ones you or one of your 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".

Reproductive Outcomes	No ne	Se If	Child ren	Mot her	Fat her	Sibli nq	Grandpa rents	Aunt/U ncle	Cou sin
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

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Infertility:

Premature Birth:

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your 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 / No Se Child Mot Fat Sibli Grandpa Aunt/U Cou
Reproductive ne If ren her her ng rents ncle sin

Hermaphroditism / Ambiguous Genitals:

Hypospadias or Undescended Testicle(s):

Uterine Fibroids:

Ovarian Cysts or Ruptured:

Lumps or Cysts in Breast or Discharge:

Polycystic Ovarian Syndrome (PCOS):

Pelvic Inflammatory Disease (PID):

Endometriosis:

Carefully review the following list of medical problems (BLOOD) and identify which ones you or one of your 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".

Blood No Se Childr Mot Fath Sibli Grandpar Aunt/U Cou

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	ne	lf	en	her	er	ng	ents	ncle	sin
Anemia:	<input checked="" type="checkbox"/>								
Sickle-Cell Anemia:	<input checked="" type="checkbox"/>								
Factor V Leiden									
Thrombophilia (blood clots or strokes):	<input checked="" type="checkbox"/>								
Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:	<input checked="" type="checkbox"/>								
Immune Deficiency:	<input checked="" type="checkbox"/>								
Leukemia:	<input checked="" type="checkbox"/>								
Lymphoma or Swollen Lymph Nodes:	<input checked="" type="checkbox"/>								
HIV:	<input checked="" type="checkbox"/>								
Thalassemia :	<input checked="" type="checkbox"/>								
Polyarteritis Nodosa:	<input checked="" type="checkbox"/>								
Other Blood Disorder:	<input checked="" type="checkbox"/>								

Carefully review the following list of medical problems (RESPIRATORY) and identify which ones you or one of your 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".

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Respiratory	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Asthma:	<input checked="" type="checkbox"/>								
Hay Fever:	<input checked="" type="checkbox"/>								
Emphysema:	<input checked="" type="checkbox"/>								
Tuberculosis:	<input checked="" type="checkbox"/>								
Pneumonia:	<input checked="" type="checkbox"/>								
Alpha-1 antitrypsin Disorder:	<input checked="" type="checkbox"/>								
Blood in Sputum:	<input checked="" type="checkbox"/>								
Other Lung Disease:	<input checked="" type="checkbox"/>								

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which ones you or one of your 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".

Gastro-Intestinal	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Appendicitis:	<input checked="" type="checkbox"/>								
Ulcer of Stomach or Duodenum:					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Gallstones:	<input checked="" type="checkbox"/>								
Hepatitis A, B, or C:	<input checked="" type="checkbox"/>								

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- Cirrhosis of the Liver:**
- Other Liver Disease:**
- Ulcerative Colitis:**
- Crohns Disease:**
- 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 of onset of the disease state, and any other pertinent information of which you are aware.

"Father had a stomach ulcer at age 64; MGM had stomach ulcer at age 87"

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones you or one of your 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".

- | Metabolic/Endocrine | No | Se | Child | Mot | Fath | Sibli | Grandpa | Aunt/U | Cou |
|-----------------------------------|-------------------------------------|----|-------|-----|------|-------|---------|--------|-----|
| | ne | lf | ren | her | er | nq | rents | ncl | sin |
| Diabetes requiring insulin | <input checked="" type="checkbox"/> | | | | | | | | |

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therapy:

Diabetes not requiring insulin therapy:



Childhood Diabetes:



Thyroid Disorder:



Goiter:



Hypoglycemia:



Adrenal Dysfunction or 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 onset of the disease state, and any other pertinent information of which you are aware.

"PGM developed pre-diabetes at age 82"

Carefully review the following list of medical problems (URINARY) and identify which ones you or one of your 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".

Urinary	No ne	Se lf	Child ren	Mot her	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cou sin
Kidney Problems:	<input checked="" type="checkbox"/>								

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**Polycystic
Kidney
Disease:**

**Other
disease/d
effect of
urinary
tract
(urethra,
bladder,
ureter):**

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones you or one of your 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".

	No	Se	Child	Mot	Fat	Sibli	Grandpa	Aunt/U	Cou
Neurological	ne	If	ren	her	her	nq	rents	ncle	sin
Migraines:	<input checked="" type="checkbox"/>								
Mental Retardation:	<input checked="" type="checkbox"/>								
Senility or Mental Deterioratio n before age 50:	<input checked="" type="checkbox"/>								
Multiple Sclerosis:	<input checked="" type="checkbox"/>								
Cerebral Palsy:	<input checked="" type="checkbox"/>								
Neurofibrom atosis:	<input checked="" type="checkbox"/>								
Epilepsy / Seizures:	<input checked="" type="checkbox"/>								
Attention Deficit Disorder /	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
Nick Name: 606

Hyperactivity:

Autism / Asperger's:

Alzheimer's Disease / Dementia:

Hydrocephalus:

Tuberous Sclerosis:

Parkinson's Disease:

Creutzfeldt-Jakob Disease:

Scoliosis:

Myasthenia Gravis:

Huntington's or Wilson's Disease:

Tourette's Syndrome:

Other diseases of the nervous system:

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which ones you or one of your 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".

Mental Health	No ne	Se lf	Child ren	Mot her	Fath er	Sibli ng	Grandpar ents	Aunt/U ncle	Cou sin
Anxiety /	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency
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Panic
Attacks:

Anorexia /
Bulemia /
Other
eating
disorders:



Depressio
n:



Schizophr
enia:



Manic
Depressiv
e or
Bipolar
Disorder:



Other
mental
health
disorder
requiring
hospitaliz
ation:



Suicide
Attempts:



Other
mental
health
problems
that
warrented
counseling
:



Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your 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".

Muscle/Bone No Se Child Mot Fat Sibli Grandpa Aunt/U Cou

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Donor Data sourced by the Donor Agency
Nick Name: 606

/Joints	ne	lf	ren	her	her	ng	rents	ncle	sin
Muscular Dystrophy:	<input checked="" type="checkbox"/>								
Achondroplasia- form of dwarfism with abnormal bone growth:	<input checked="" type="checkbox"/>								
Other Chronic Muscle Disease:	<input checked="" type="checkbox"/>								
Osteogenesis imperfecta (brittle bone disease):	<input checked="" type="checkbox"/>								
Loss of Muscle Coordination :	<input checked="" type="checkbox"/>								
Osteoporosis :	<input checked="" type="checkbox"/>								
Marfan Syndrome:	<input checked="" type="checkbox"/>								
Arthritis:	<input checked="" type="checkbox"/>								
Rheumatoid or Juvenile Arthritis:	<input checked="" type="checkbox"/>								
Spinal Muscular Atrophy:	<input checked="" type="checkbox"/>								
Hereditary Low Back Disorder or Deformity of Spine:	<input checked="" type="checkbox"/>								

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Nick Name: 606

- Reiter's Disease:
- Myasthenia Gravis:
- Gout:
- Metabolic Bone Disease:
- Lupus (systemic lupus erythematosus - SLE):

Carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify which ones you or one of your 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".

- | | Sight/
/Smell | No
ne | Se
lf | Child
ren | Mot
her | Fat
her | Sibli
ng | Grandpa
rents | Aunt/U
ncle | Cou
sin |
|---------------------------------|-------------------------------------|----------|----------|--------------|------------|------------|-------------|------------------|----------------|------------|
| Amusia (medical tone deafness): | <input checked="" type="checkbox"/> | | | | | | | | | |
| Deafness before age 60: | <input checked="" type="checkbox"/> | | | | | | | | | |
| Deformity of the ear: | <input checked="" type="checkbox"/> | | | | | | | | | |
| Cataracts before age 50: | <input checked="" type="checkbox"/> | | | | | | | | | |
| Blindness: | <input checked="" type="checkbox"/> | | | | | | | | | |
| Color Blindness: | <input checked="" type="checkbox"/> | | | | | | | | | |
| Sever | <input checked="" type="checkbox"/> | | | | | | | | | |

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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 of onset of the disease state, and any other pertinent information of which you are aware.

"Maternal cousin, self, both siblings, and father had pre-adult acne with average duration. Now I am clear all the time!"

Carefully review the following list of medical problems (OTHER) and identify which ones you or one of your 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".

	S	No el	Chil	Mot	Fat	Sibl	Grandp	Aunt/ Uncle	Cousin
	Other	ne	f	dren	her	her	inq	arents	
Alcoholism: ✓									
Drug Abuse, Misuse or Addiction: ✓									
Premature degeneration of any organ system: ✓									
Anorexia: ✓									
Bulimia: ✓									

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a:
Other Eating Disorder:

Any other 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"

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Have you ever been diagnosed with Ovarian Cysts?

"No"

Have you ever been diagnosed with Chronic Pelvic Pain?

"no"

Have you ever been diagnosed with Polycystic Ovarian Disease?

"No"

Have you ever been diagnosed with Thyroid Disease?

"No"

Do you have allergies?

"No"

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?

"very healthy"

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?

"24"

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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What method of birth control do you use?

"Birth Control
Pills"

Do you drink?

"No"

How many drinks do you usually
consume in a week?

"0"

Do you smoke or use tobacco
products?

"No"

When is the last time you had
marijuana?

"Never"

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?

"Yes"

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

"Middle of the upper back"

Do you have any body piercings?

"Yes"

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

"Ear lobes"

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Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 606