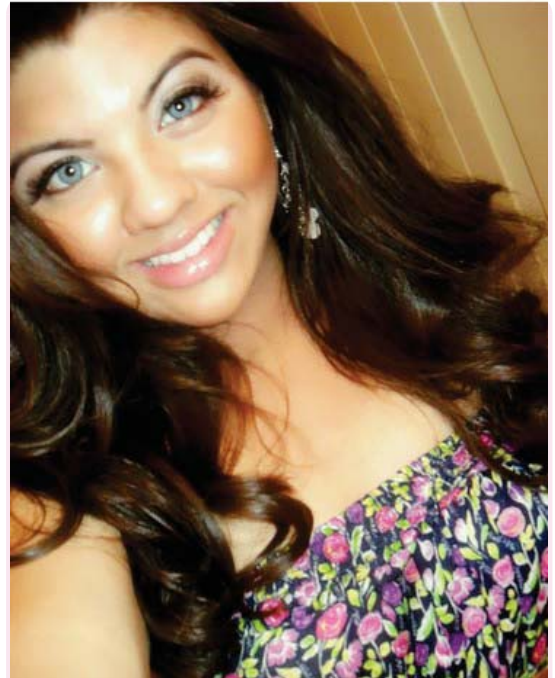




Messege to the Potential Couple

YD-698-DS-693

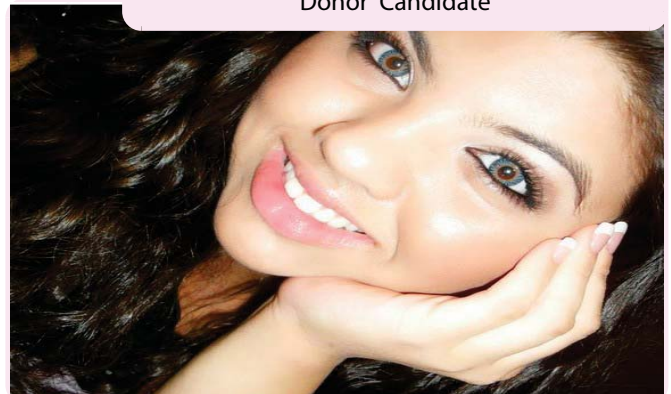
所在国家	美国
籍贯	美国
出生或年龄	21岁
身高	5'02(英文单位i)
体重	135LBS
血型	AB
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否



Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年3月份



With Family Members



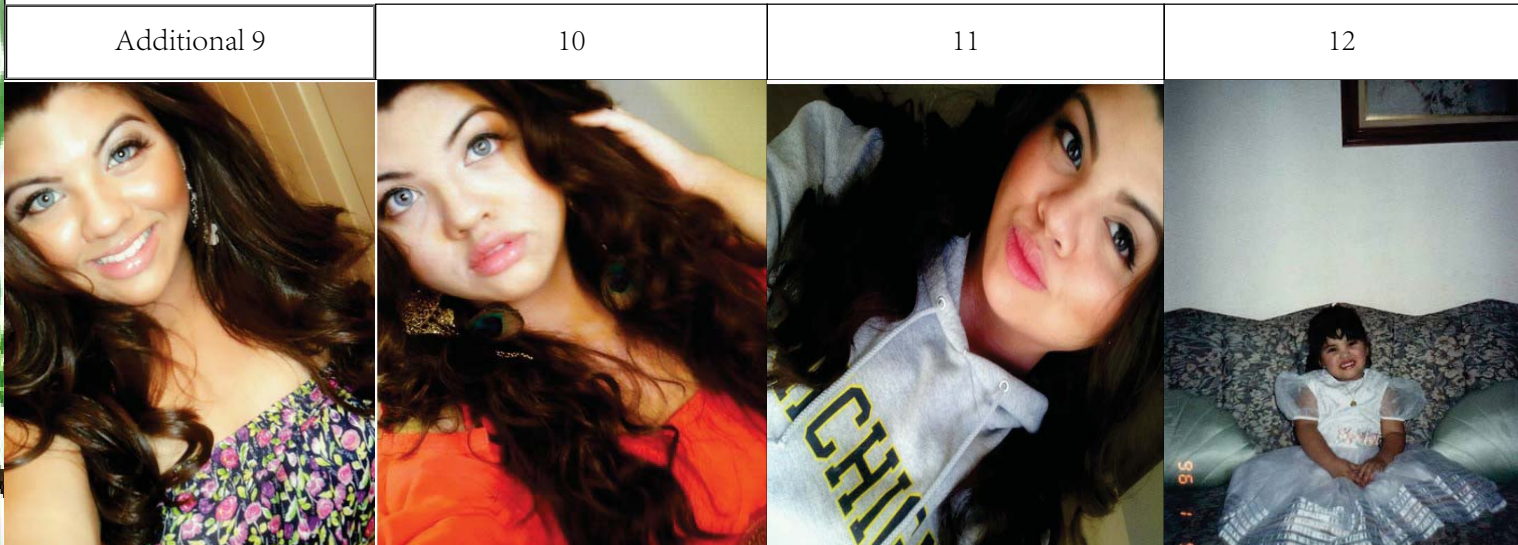
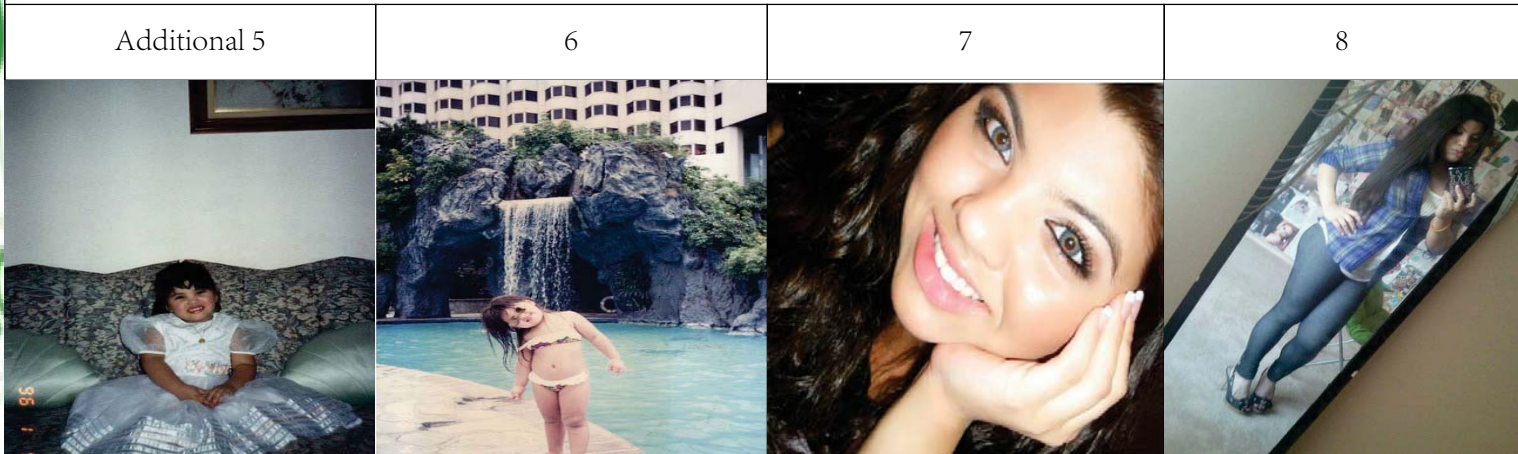
With Family Members

TODAY 14-3-27

制作
2014.03.31
L Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 693

TODAY 14-3-27

制作
2014.03.31
L Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Add Row				
X				

本捐卵档案合计页为 27页

Profiles Presentation **Lu Jie** Page 3

Interview by **DS**

DONOR Applicant Nick Name 693



Donor Data sourced by the Donor Agency
Nick Name: 693

Donor Number

"693"

What is your city?

"Dallas"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"AB+"

Age

"21"

What is your height?

"5'02""

What is your weight in pounds?

"135"

What is your body type?

"Straight"

What is your skin complexion?

"Light"

What is your natural hair color?

"Dark Brown"

What is your hair texture?

"Wavy"

What is your eye color?

"Brown"

Describe any distinguishing physical characteristics.

"I am an average height woman,"

Have you had any plastic surgery?

"No"

Have you had any orthodontia?

"No"

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

Have you had vision correction surgery?

"No"

Do you have glasses?

"Yes"

Do you have contacts?

"Yes"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Heart"

How significant was your adolescent acne?

"None"

How significant is your adult acne?

"None"

What was your natural hair color as a child?

"Light Brown"

What is your natural hair color as an adult?

"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.

"Medium"

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"

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency ..

Nick Name:693

Select the general description of the cleft in your chin..

"Medium" ..

Do you have dimples?..

"Right" ..

Select the general description of the size of your teeth..

"Average" ..

What is your frame size?..

"Petite" ..

What are your natural chest measurements in inches?..

"40" ..

What is your waist size in inches?..

"32" ..

What is your hip size in inches?..

"39" ..

What is your dress size?..

"4" ..

Describe any significant moles you may have on your body..

"n/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..

"Some" ..

Select the general description of your ability to tan..

"Sunburn Only" ..

What is your dominant hand?..

"Right" ..

How many times have you donated eggs?..

"0" ..

What is your occupation?..

"I am a Certified Nursing Assistant" ..

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

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

"0"

What is your occupation?

"I am a Certified Nursing Assistant."

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

"n/a"

What languages do you know?

"English" "Spanish" "Other (explain)"

Please explain "Other"

"tagalog"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.6	High School	College prep
Community College:			
Bachelors Degree:			
Graduate School:			
Professional School:	just starting	RN	Nursing

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	1510	2009
ACT Score:	n/a	

What were/are your best subjects in school?

"I was best in math and science classes."

What areas of academic weakness to you have?

"n/a"

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

"I was the student of the month for multiple times back in High School."

What are your career goals?

"I would like to finish school and be a Registered Nurse,"

Are you adopted?

"No"

本捐卵档案合计页为 27页

制作
2014.03.31
L Jie



Donor Data sourced by the Donor Agency

Nick Name: 693

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Asian	Spanish	Asian	Spanish

What is your mother's ethnicity?

"Asian" "Italian" "Spanish" "Other (explain)"

Please explain "Other"

"My mother is mixed with Filipino Spanish and Italian"

What is your father's ethnicity?

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

Please explain "Other"

"My father is mixed with Filipino and Chinese"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'04"	5'08"	5'03"	5'05"	5'05"	5'05"

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:	unknown	unknown	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:	Athletic	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	Amber	Brown	Amber	Hazel	Green

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:	Light Brown	Brown	Brown	Brown	Brown	Light Brown

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

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Pink	Olive	Yellow	Yellow	Yellow	Pink

Are you of Mediterranean ancestry?

合计页为 27 页



Donor Data sourced by the Donor Agency
Nick Name: 693

"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?

"Yes"

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	4'11"	n/a	average	brown	light brown	fair
Sibling 2:	female	4'11"	n/a	average	brown	brown	fair
Sibling 3:							
Sibling 4:							
Sibling 5:							

How many children do you have?

"1"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	40			RN	College Graduate
Father:		41	lung CA	PR	College Graduate
Maternal Grandmother:					
Maternal Grandfather:					
Paternal Grandmother:					
Paternal Grandfather:					
Sibling 1:	16				
Sibling 2:	13				
Sibling 3:					
Sibling 4:					

合计页为 27 页

制作
2014.03.31
L_jie



Donor Data sourced by the Donor Agency
Nick Name: 693

Sibling 5:

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

"3"

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

"n/a"

Why do you want to become an egg donor?

"I would love to become an egg to help infertile women enjoy the fact of conceiving a baby. After I had my first born I've always wanted to have that mother-to-be feeling once again."

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?

"I am very caring, easy going, loving and independent."

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

"In the future I would love to have a permanent stable job as a Registered Nurse and a great mother to my son."

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

"The most proud moment to date is when I gave birth to my son."

What is your personal philosophy of life?

"My personal philosophy of life is to be confident and take responsibility in everything I do."

What do you like to do with your leisure time?

"I like to spend my leisure time with my son and fiance. I am all about family and the days that I don't go to school or work I spend my days and night enjoying quality time with my family. I also love volunteering at my job helping others."

How active are you physically?

"I am physically active, always on my feet running around."

合计页为 27页

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
Nick Name: 693

What sports or activities do you participate in?

"I participate in Softball, Basketball, Badminton, and Tennis."

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

"Yes, I have played Softball, Badminton, and Tennis in High School."

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

"I love to sing, dance, and play my guitar."

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

"I love traveling, sight-seeing, and cooking."

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

"Coalinga High, Fossil Ridge, HOSA"

List any honors or awards you have received.

"Student of the Month"

What sort of volunteer work have you done?

"I work volunteer at my job helping with outreach programs and patients well being."

What is your favorite food?

"My favorite foods are Italian and Asian Foods."

What is your favorite song?

"I like all pop and acoustic music."

Who is your favorite star / celebrity?

"Leonardo Dicaprio"

What is your favorite book?

"Diary of Anne Frank"

What is your favorite color?

"My favorite color is Red."

What is your favorite sport?

"My favorite sport is Basketball."

What was your favorite childhood activity?

"My favorite childhood activity was going to Karate Class."

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

Who do you admire most and why?

"My mom is the person that I admire the most because she is a very strong, well rounded, and independent woman. Right after my father have passed she took care of me and my sisters, and I've learned to appreciate her more and more each day."

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

"When I was little we had two dogs - a chow and a maltese."

Are you religious or spiritual?

"I am religious."

Do you practice your religion?

"I practice being a Catholic."

What religion or spiritual ritual do you practice now?

"Catholic"

What is one thing that is totally unique about you?

"I can make anyone laugh and admire me easily."

What would you like to say to any potential recipient?

"I would like for you to take me in consideration as a donor because I am willing to give you the opportunity I had and experienced while I conceived my child. I would like to give a new beginning to a deserving and well loving family."

Describe yourself as a young child.

"As a young child I was very active and very observant."

What was your favorite thing to do as a child?

"As a child my favorite thing to do was go out and play with the boys."

What was your favorite subject in school?

"My favorite subject in school is Math."

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

"What I remember the most about my mother when I was a child was that she was always there by my

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency

Nick Name: 693

side. She has been to every event in my life."

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

"What I remember the most about my father when I was a child was that he was always there to push me to do harder. He never wanted to see me fail or do bad in life. He would take me to basketball games and have a great time."

What was your favorite vacation as a child?

"As a child my favorite vacation was going to the beach with my family."

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

"I never had problems when I was a teenager."

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
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"/>								

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 you

页为 27 页



Donor Data sourced by the Donor Agency
Nick Name: 693

family members have a history of the specific medical condition, please check "None".

Chromosomal None Self Children Mother Father Sibling Grandparents Aunt/Uncle Cousin

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 Sibling Grandparents Aunt/Uncle Cousin

Breast:

Colon or Intestinal:

Lung:

Ovarian or Uterine:

Prostate or Testicular:

Skin:

Stomach:

Thyroid:

Blood (e.g. leukemia):

Other:

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.

"My father died of lung cancer and he was also a smoker at a young age which contribute to his sickness."

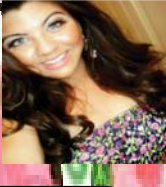
Carefully review the following list of medical problems (HEART) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you or none of your family members have a history of the specific medical condition, please check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

Heart None Self Children Mother Father Sibling Grandparents Aunt/Uncle Cousin

Stroke:

Heart Attack:

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
Nick Name: 693

- 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 None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin
- 2 or more Miscarriages:**
 - Stillborn:**
 - Premature Menopause:**
 - Death of a newborn infant:**
 - Childhood death:**
 - Birth Defects:**
 - Infertility:**
 - Premature Birth:**

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your

页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
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 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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
Anemia:	<input checked="" type="checkbox"/>								
Sickle-Cell Anemia:	<input checked="" type="checkbox"/>								
Factor V Leiden Thrombophilia (blood clots or strokes):	<input checked="" type="checkbox"/>								

页为 27页

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
Nick Name: 693

Disease:	
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"/>
Poly arteritis 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 had. Please consider each condition carefully for each family member. If you and none of your family members have a history of medical condition, please check "None".

Respiratory	Non	Sel	Chldre	Mothe	Fathe	Siblin	Grandparen	Aunt/Unc	Cous
	e	f	n	r	r	q	ts	le	n
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"/>			

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

计页为 27页

制作
2014.03.31
L_Jie



"My father died of lung cancer and he was also a smoker at a young age which contribute to his sickness."

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 Sibling Grandparents Aunt/Unde Cousin

Appendicitis:

Ulcer of Stomach or Duodenum:

Gallstones:

Hepatitis A, B, or C:

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:

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones you or one of your 27页

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
Nick Name: 693

have or had. Please consider each condition carefully for each family member. If you and none of your family members have a specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
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 Disorder:	<input checked="" type="checkbox"/>								
Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	<input checked="" type="checkbox"/>								
Obesity:	<input checked="" type="checkbox"/>								
Dwarfism:	<input checked="" type="checkbox"/>								

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

Urinary	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
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 you or one of your genetic

计页为 27页



制作
2014.03.31
L_Jie

Donor Data sourced by the Donor Agency
Nick Name: 693

relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members
history of the specific medical condition, please check "None".

Neurological	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
Migraines:	<input checked="" type="checkbox"/>								
Mental Retardation:	<input checked="" type="checkbox"/>								
Senility or Mental Deterioration before age 50:	<input checked="" type="checkbox"/>								
Multiple Sclerosis:	<input checked="" type="checkbox"/>								
Cerebral Palsy:	<input checked="" type="checkbox"/>								
Neurofibromatosis:	<input checked="" type="checkbox"/>								
Epilepsy / Seizures:	<input checked="" type="checkbox"/>								
Attention Deficit Disorder / Hyperactivity:	<input checked="" type="checkbox"/>								
Autism / Asperger's:	<input checked="" type="checkbox"/>								
Alzheimer's Disease / Dementia:	<input checked="" type="checkbox"/>								
Hydrocephalus:	<input checked="" type="checkbox"/>								
Tuberous Sclerosis:	<input checked="" type="checkbox"/>								
Parkinson's Disease:	<input checked="" type="checkbox"/>								
Creutzfeldt-Jakob Disease:	<input checked="" type="checkbox"/>								
Scoliosis:	<input checked="" type="checkbox"/>								
Myasthenia Gravis:	<input checked="" type="checkbox"/>								
Huntington's or Wilson's Disease:	<input checked="" type="checkbox"/>								
Tourettes's	<input checked="" type="checkbox"/>								

计页为 27页

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
Nick Name: 693

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 member a history of the specific medical condition, please check "None".

Mental Health	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
Anxiety / Panic Attacks:	<input checked="" type="checkbox"/>								
Anorexia / Bulemia / Other eating disorders:	<input checked="" type="checkbox"/>								
Depression:	<input checked="" type="checkbox"/>								
Schizophrenia:	<input checked="" type="checkbox"/>								
Manic Depressive or Bipolar Disorder:	<input checked="" type="checkbox"/>								
Other mental health disorder requiring hospitalization:	<input checked="" type="checkbox"/>								
Suicide Attempts:	<input checked="" type="checkbox"/>								
Other mental health problems that warrented counseling:	<input checked="" type="checkbox"/>								

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

Muscle/Bone/Joints	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
Muscular Dystrophy:	<input checked="" type="checkbox"/>								
Achondroplasia-form of dwarfism	<input checked="" type="checkbox"/>								

十页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

with abnormal
bone growth:

Other Chronic
Muscle Disease:

Osteogenesis
imperfecta (brittle
bone disease):

Loss of Muscle
Coordination:

Osteoporosis:

Marfan Syndrome:

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
erythematosus -
SLE):

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

Sight/Sound/Smell None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

Amusia (medical
tone deafness):

十页为 27页



Donor Data sourced by the Donor Agency
(Nick Name: 693)

- Deafness before age 60:
- Deformity of the ear:
- Cataracts before age 50:
- Blindness:
- Color Blindness:
- Sever Myopia:
- Glaucoma:
- Retinoblastoma:
- Retinitis Pigmentosa:
- Deviated Septum:
- Another other Sensory Disorder:

Carefully review the following list of medical problems (SKIN) 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".

SKIN	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
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"/>								
Other disorders of the skin:	<input checked="" type="checkbox"/>								
Infectious Skin	<input checked="" type="checkbox"/>								

!合计页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

Disease:

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

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".

Other	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Unde	Cousin
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 condition not mentioned in any other question:	<input checked="" type="checkbox"/>								

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"Never"

Have you had chlamydia within the past 12 months?

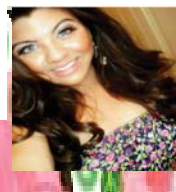
"No"

Do you have herpes?

"No"

合计页为 27页

制作
2014.03.31
L_Jie



Donor Data sourced by the Donor Agency
[Nick Name: 693]

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?

"never"

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?

"No"

Do you take any herbal supplements?

"No"

Have you ever had any major medical problems?

"No"

本捐卵档案合计页为 27页



制作
2014.03.31
L_Jie

Donor Data sourced by the Donor Agency
Nick Name: 693

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

"I am a very healthy person both mentally and physically. I never over work myself because I know what is best for me and what is not. Overworking ones body can cause stress which is not healthy for both mental and physical health."

How old were you when you had your first period?

"12"

Are your cycles regular when not on the pill?

"No"

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

"28"

How many pregnancies have you had?

"1"

How many miscarriages have you had?

"0"

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

"Yes"

What method of birth control do you use?

"Condom"

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,

本捐卵档案合计页为 27页



Donor Data sourced by the Donor Agency
Nick Name: 693

tranquilizers, PCP, steroids for non-medical reasons, or etc.)?

"Never"

Do you have any tattoos?

"Yes"

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

"I have tattoos on both of my upper arms, and on a small one on my left breast."

Do you have any body piercings?

"Yes"

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

"I only have my ears pierced."

本捐卵档案合计页为 27页