中国玉卵服务中心 China Egg Dornor Service
玉兰生殖遗传研究所
YU lane.org Reproductive Genetics Institute
2825 N. Halsted Street, Chicago, IL 60657 Toll Free: 1-888-600-0188

制作
2014.03.31
L_Jie

622 FORM
SNAP Profile

Messege to the Potential Couple

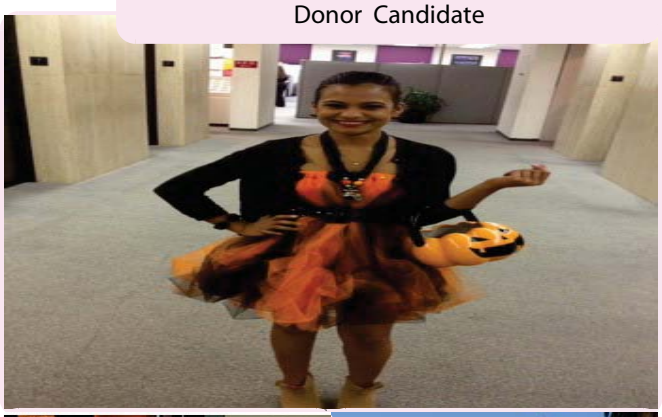
YD-699-DS-707

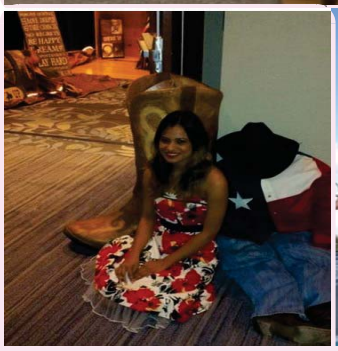
所在国家	美国
籍贯	美国
出生或年龄	25岁
身高	5'01(英文单位i)
体重	100LBS
血型	A
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否

Donor Candidate

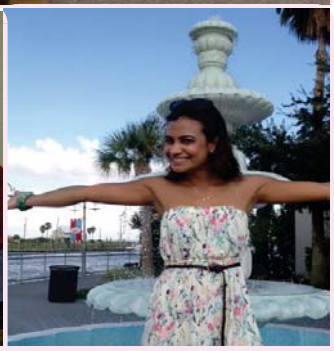
联系方式: 400-887-1005

档案制作时间: 2014年3月份





With Family Members



With Family Members

TODAY 14-3-27

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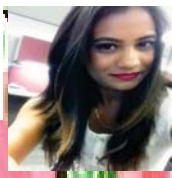
622 FORM
DNAP Profile

DAP Ulane.org
Donor Assessment Program



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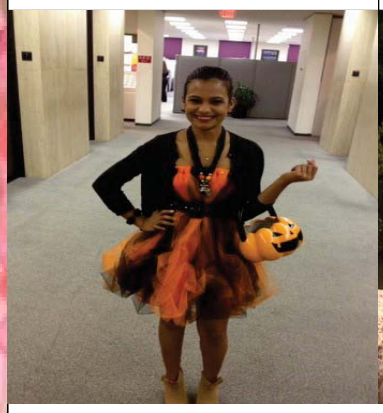		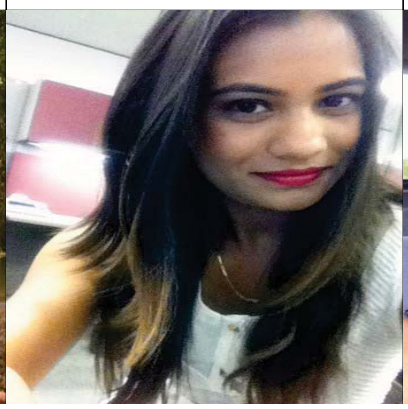	

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	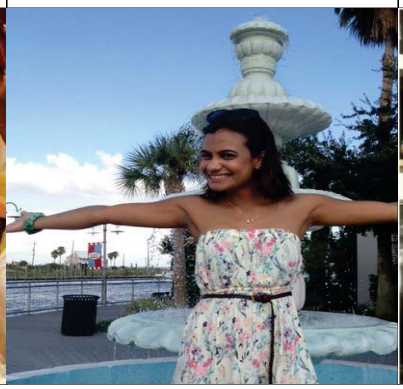		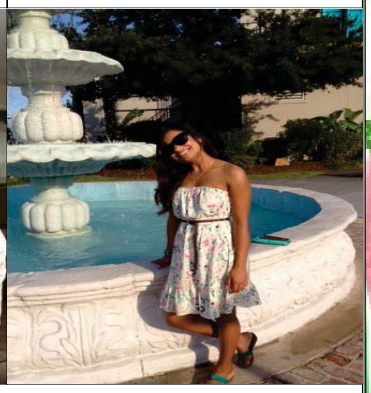

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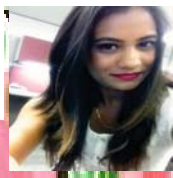
Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 707



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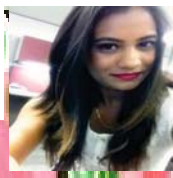

Donor Data sourced by the Donor Agency
Nick Name: 707

Donor Number
"707"

What is your city?
"Houston"

What is your state?
"Texas"

What race would you most likely be affiliated?
"Indian (from India)"

What is your blood type?
"A+"

Age
"25"

What is your height?
"5'01""

What is your weight in pounds?
"100"

What is your body type?
"Straight"

What is your skin complexion?
"Medium"

What is your natural hair color?
"Black"

What is your hair texture?
"Fine"

What is your eye color?
"Brown"

Describe any distinguishing physical characteristics.
"n/a"

Have you had any plastic surgery?
"No"

Have you had any orthodontia?
"No"

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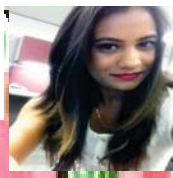
Have you had vision correction surgery?

rofiles Presentation **Lu Jie**

Interview by **DS**

DONOR Applicant Nick Name **707**



Donor Data sourced by the Donor Agency
Nick Name: 707

"No"

Do you have glasses?
"No"

Do you have contacts?
"No"

Do you have hearing problems?
"No"

Select the general shape of your face.
"Round"

How significant was your adolescent acne?
"None"

How significant is your adult acne?
"During Menstruation"

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?
"Fine"

What is your hair fullness?
"Thick"

Select the general shape of your eyes.
"Almond"

Select the general size of your eyes.
"Average"

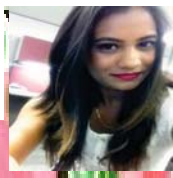
Select the general shade of your eyes.
"Medium"

Select the general description of your eyebrows.
"Thick"

Select the general description of your eyelashes.
"Normal"

Select the general description of the size of your mouth.
"Medium"

Select the general description of the size of your lips.



Donor Data sourced by the Donor Agency
Nick Name: 707

"Average"

Select the general description of the shape of your chin.
"Square"

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

Do you have dimples?
"None"

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?
"32"

What is your waist size in inches?
"24"

What is your hip size in inches?
"29"

What is your dress size?
"0"

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.
"Medium"

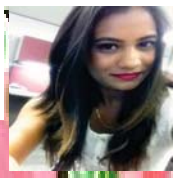
Select the general description of your type of skin.
"Combination"

Select the general description of freckles on your body.
"None"

Select the general description of your ability to tan.
"Slightly Tan"

What is your dominant hand?
"Right"

How many times have you donated eggs?



Donor Data sourced by the Donor Agency
Nick Name: 707

"0"

What is your occupation?

"Accounting Student/Full time college student"

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

"3.0"

What languages do you know?

"English" "Hindi / Urdu" "Arabic"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.5	diploma	High School
Community College:	3.00	Associates	Accounting
Bachelors Degree:	3.00	BA(2014)	Accounting
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	1240	2009
ACT Score:	NA	

What were/are your best subjects in school?

"Accounting, management Economics"

What areas of academic weakness to you have?

"Math! But not accounting, calculus and algebra"

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

"Singing, acting in junior school"

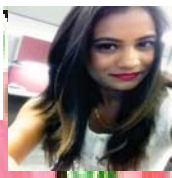
What are your career goals?

"Open my own business and be a CPA"

Are your adopted?

"No"

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



Donor Data sourced by the Donor Agency
Nick Name: 707

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Indian	Indian	Indian	Indian

What is your mother's ethnicity?
"Indian"

What is your father's ethnicity?
"Indian"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'02"	5'07"	5'07"	5'07"	5'08"	5'10"

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:	132	140	150	145	150	150

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	Straight	Straight

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

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

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

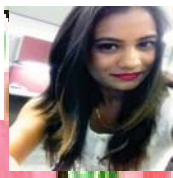
Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Black	Black	Black	Black	Black	Black

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

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Yellow	Dark Brown	Yellow	Yellow	Yellow	Yellow

Are you of Mediterranean ancestry?
"No"

Are you of Jewish ancestry?



Donor Data sourced by the Donor Agency
Nick Name: 707

"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

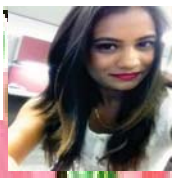
Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	male	5.6	1	athletic	black	black	light brown
Sibling 2:							
Sibling 3:							
Sibling 4:							
Sibling 5:							

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:	44			mom	High School
Father:	53			Business Owner	College
Maternal Grandmother:		79	sickeness	mom	????
Maternal Grandfather:		81	natural causes/old age	Government Employee	some college
Paternal Grandmother:		88	natural causes	mom	????
Paternal Grandfather:		90	natural causes	Government	Trade School



Donor Data sourced by the Donor Agency
Nick Name: 707

Sibling 1:	28			Insurance Sales	College
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

How many full siblings are in your family? (include yourself)
"1"

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 have so many debts to pay off and finish my last year of bachelor in accounting"

Is your husband / partner supportive of your desire to be a donor?
"No"

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

What are your plans for the future? Where do you see yourself in 5 and 10 years?
"Owning my own business"

What has been your most proud moment to date? What achievement are you most proud of?
"My college graduation."

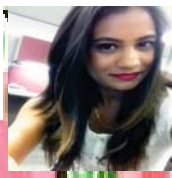
What is your personal philosophy of life?
"Life is....."

What do you like to do with your liesure time?
"read books"

How active are you physically?
"very active"

What sports or activities do you participate in?
"I love being active"

Have you played on sports teams or excelled in



Donor Data sourced by the Donor Agency
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athletics? Which ones?

"In high school I played on the tennis team and did a lot of swimming"

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

"Creative. I love to sew and to design things"

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

"reading, traveling, sewing, gardening,crafting, trying new things"

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

"College accounting club, social society"

List any honors or awards you have received.

"None since high school"

What sort of volunteer work have you done?

"None recently, so busy with school and part-time job"

What is your favorite food?

"anything spicy"

What is your favorite song?

"Hotel California, Maria by Santana and anykind has meaning to it"

Who is your favorite star / celebrity?

"Tom Cruise"

What is your favorite book?

"50 shades of Grey"

What is your favorite color?

"Red"

What is your favorite sport?

"soccer, football"

What was your favorite childhood activity?

"playing picnic with my friends"

Who do you admire most and why?

"My grandfather and he taught me how to be strong, honest and hard worker in life"

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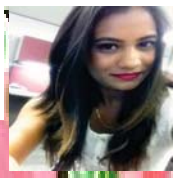

Donor Data sourced by the Donor Agency
Nick Name: 707

Do you have or did you have a pet? What type?
"jIhave a bird parakeet"

Are you religious or spiritual?
"Yes"

Do you practice your religion?
"I was raised in one religion but I don't practice. I am respectful of all religions"

What religion or spiritual ritual do you practice now?
"All religions interest me so I have not decided which one to be,omg to."

What is one thing that is totally unique about you?
"My personality"

What would you like to say to any potential recipient?
"I wish you well"

Describe yourself as a young child.
"Happy, Happy, Happy"

What was your favorite thing to do as a child?
"Reading and playing with my neighborhood friends outside"

What was your favorite subject in school?
"Everything but math like calculus"

What do you remember most about your mother when you were a child?
"She was always working"

What do you remember most about your father when you were a child?
"He was always working"

What was your favorite vacation as a child?
"Going to my parents homeland, that was an amazing trip."

What problems did you have when you were a teenager? Social? Health? etc.
"None. I was very respectful."

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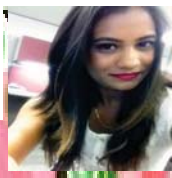


Donor Data sourced by the Donor Agency
Nick Name: 707

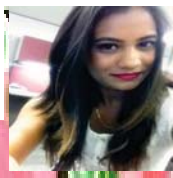
Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH DEFECTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific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

Birth Defects	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Cleft Lip / Palate:	✓								
Congenital Hip Problems:	✓								
Club Feet:	✓								
Heart Defect:	✓								
Hearing Problems:	✓								
Spina Bifida - Neural Tube (open spine):	✓								
Microcephaly:	✓								
Holoprosencehpaly - 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	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 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".

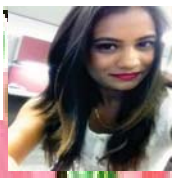


Donor Data sourced by the Donor Agency
Nick Name: 707

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:	✓								

Carefully review the following list of medical problems (HEART) and identify which ones you o
your genetic relatives have or had. Please consider each condition carefully for each family m
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:	✓								
Congenital Heart Disease:	✓								
Heart Disease or Defect:	✓								
Hardening of the Arteries:	✓								
High Blood Pressure:	✓								
High Cholesterol Level:	✓								



Donor Data sourced by the Donor Agency
Nick Name: 707

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

Reproductive Outcomes	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	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 one of your genetic relatives have or had. Please consider each condition carefully for each family member. I 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/Uncle	Cousin
Hermaphroditism / Ambiguous Genitals:	✓								
Hypospadias or Undescended Testicle(s):	✓								
Uterine Fibroids:	✓								
Ovarian Cysts or Ruptured:	✓								
Lumps or Cysts in									

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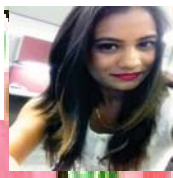
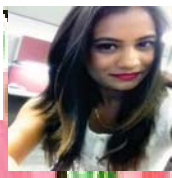


Donor Data sourced by the Donor Agency
Nick Name: 707

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anemia:	☑								
Sickle-Cell Anemia:	☑								
Factor V Leiden Thrombphilia (blood clots or strokes):	☑								
Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:	☑								
Immune Deficiency:	☑								
Leukemia:	☑								
Lymphoma or Swollen Lymph Nodes:	☑								
HIV:	☑								
Thalassemia:	☑								



Donor Data sourced by the Donor Agency
Nick Name: 707

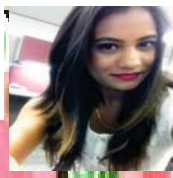
Polyarteritis Nodosa:	✓
Other Blood Disorder:	✓

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".

Respiratory	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Asthma:	✓								
Hay Fever:	✓								
Emphysema:	✓								
Tuberculosis:	✓								
Pneumonia:	✓								
Alpha-1 anyitrypsin Disorder:	✓								
Blood in Sputum:	✓								
Other Lung Disease:	✓								

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which ones you your genetic relatives have or had. Please consider each condition carefully for each family member. If you 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/Uncle	Cousin
Appendicitis:	✓								
Ulcer of Stomach or Duodenum:	✓								
Gallstones:	✓								
Hepatitis A, B, or C:				✓					
Cirrhosis of the Liver:	✓								



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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.
"Mother has Hepatitis B"

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Diabetes requiring insulin therapy:	✓								
Diabetes not requiring insulin therapy:	✓								
Childhood Diabetes:	✓								
Thyroid Disorder:	✓								
Goiter:	✓								

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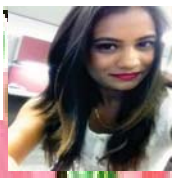

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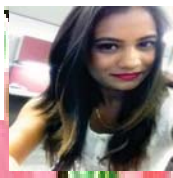
Hypoglycemia:	✓
Adrenal Dysfunction or Disorder:	✓
Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	✓
Obesity:	✓
Dwarfism:	✓

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Kidney Problems:	✓								
Polycystic Kidney Disease:	✓								
Other disease/defect 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".

Neurological	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Migraines:	✓								
Mental Retardation:	✓								
Senility or Mental Deterioration before age 50:	✓								
Multiple Sclerosis:	✓								



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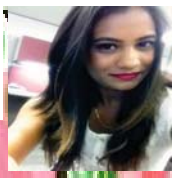
Cerebral Palsy:	✓
Neurofibromatosis:	✓
Epilepsy / Seizures:	✓
Attention Deficit Disorder / Hyperactivity:	✓
Autism / Asperger's:	✓
Alzheimer's Disease / Dementia:	✓
Hydrocephalus:	✓
Tuberous Sclerosis:	✓
Parkinson's Disease:	✓
Creutzfeldt-Jakob Disease:	✓
Scoliosis:	✓
Myasthenia Gravis:	✓
Huntington's or Wilson's Disease:	✓
Tourettes'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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anxiety / Panic Attacks:	✓								



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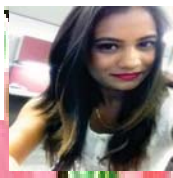
Anorexia / Bulemia / Other eating disorders:	✓
Depression:	✓
Schizophrenia:	✓
Manic Depressive or Bipolar Disorder:	✓
Other mental health disorder requiring hospitalization:	✓
Suicide Attempts:	✓
Other mental health problems that warrented counseling:	✓

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/Joints	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Muscular Dystrophy:	✓								
Achondroplasia-form of dwarfism with abnormal bone growth:	✓								
Other Chronic Muscle Disease:	✓								
Osteogenesis imperfecta (brittle bone disease):	✓								
Loss of Muscle Coordination:	✓								
Osteoporosis:	✓								



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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 erythematosis - 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/Sound/Smell	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Amusia (medical tone deafness):	☑								
Deafness before age 60:	☑								
Deformity of the ear:	☑								
Cataracts before age 50:	☑								
Blindness:	☑								
Color Blindness:	☑								
Sever Myopia:	☑								

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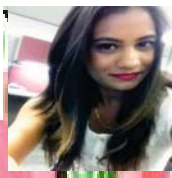

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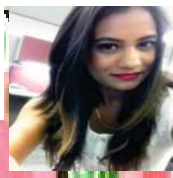
Glaucoma:	☑
Retinoblastoma:	☑
Retinitis Pigmentosa:	☑
Deviated Septum:	☑
Another other Sensory Disorder:	☑

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/Uncle	Cousin
Acne:	☑								
Albinism:	☑								
Eczema:	☑								
Excessive Facial Hair (Hirsutism):	☑								
Pigmentation Disorders:	☑								
Psoriasis:	☑								
Neurofibromatosis:	☑								
Other disorders of the skin:	☑								
Infectous Skin 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/Uncle	Cousin



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Alcoholism:	☑
Drug Abuse, Misuse or Addition:	☑
Premature degeneration of any organ system:	☑
Anorexia:	☑
Bulemia:	☑
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"

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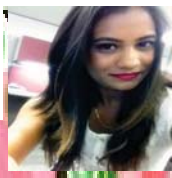

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Have you ever been diagnosed with Severe Adult Acne?
"No"

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?
"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?
"No"

Do you take any herbal supplements?
"No"

Have you ever had any major medical problems?
"No"

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

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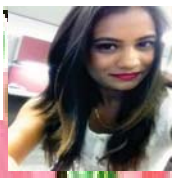

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the next period?

"28"

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"

What method of birth control do you use?

"None"

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"

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

"No"

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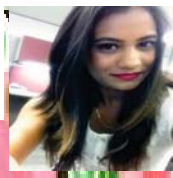

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When is the last time you have used recreational or illicit drugs (cocaine, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids for non-medical reasons, or etc.)?

"Never"

Do you have any tattoos?

"No"

Do you have any body piercings?

"No"

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