中国玉卵服务中心 China Egg Dornor Services
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-702-DS-741

所在国家	美国
籍贯	美国
出生或年龄	25岁
身高	5'02(英文单位i)
体重	160LBS
血型	O
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

With Family Members

With Family Members

联系方式: 400-887-1005

档案制作时间: 2014年3月份

TODAY 14-3-23

制作
2014.03.31
L_Jie

622 FORM
DNAP Profile

DAP Donor Assessment Program Ulane.org

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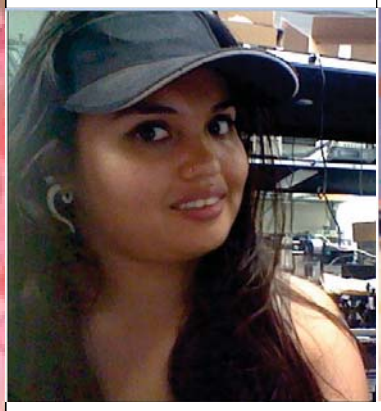			

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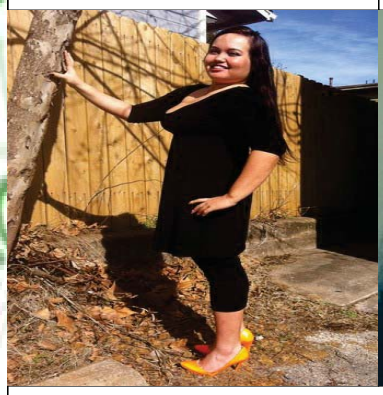	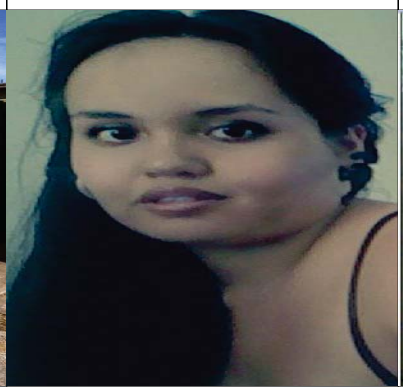		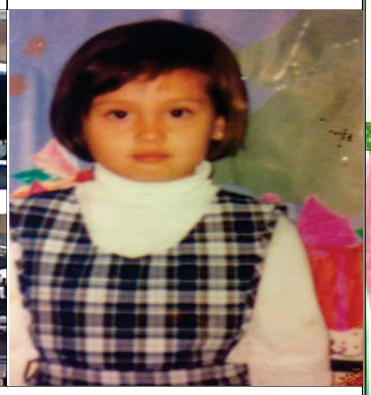

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		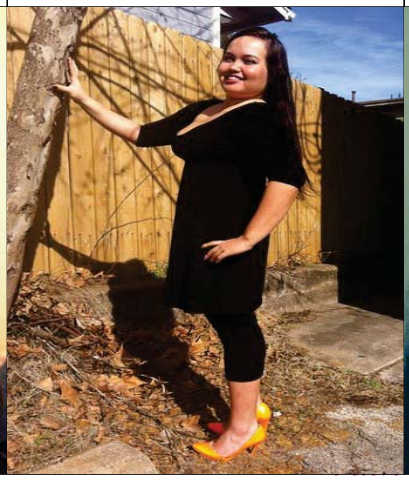	

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 741

TODAY 14-3-23

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2014.03.31
L_Jie

622 FORM
DNAP Profile

DAP Ulane.org
Donor Assessment Program

Add Row				
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Interview by DS

DONOR Applicant Nick Name 741

Donor Data sourced by the Donor Agency
Nick Name: 741

Donor Number
"741"

What is your city?
"Austin"

What is your state?
"Texas"

What race would you most likely be affiliated?
"Asian"

What is your blood type?
"O-"

Age
"25"

What is your height?
"5'02""

What is your weight in pounds?
"160"

What is your body type?
"Round"

What is your skin complexion?
"Medium"

What is your natural hair color?
"Brown"

What is your hair texture?
"Straight"

What is your eye color?
"Brown"

Describe any distinguishing physical characteristics.
"People tell me I have nice eyes/smile/face. Also, my voice has a wide range."

Have you had any plastic surgery?
"No"

Have you had any orthodontia?
"No"

本捐卵档案合计页为 28页

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 741

Donor Data sourced by the Donor Agency
Nick Name: 741

Have you had vision correction surgery?
"No"

Do you have glasses?
"Yes"

Do you have contacts?
"No"

Do you have hearing problems?
"No"

Select the general shape of your face.
"Square"

How significant was your adolescent acne?
"Average"

How significant is your adult acne?
"None"

What was your natural hair color as a child?
"Brown"

What is your natural hair color as an adult?
"Brown"

What is your hair type?
"Medium"

What is your hair fullness?
"Medium"

Select the general shape of your eyes.
"Almond"

Select the general size of your eyes.
"Large"

Select the general shade of your eyes.
"Dark"

Select the general description of your eyebrows.
"Average"

Select the general description of your eyelashes.
"Long"

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

Donor Data sourced by the Donor Agency
Nick Name: 741

Select the general description of the size of your lips.
"Full"

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?
"None"

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

What is your frame size?
"Medium"

What are your natural chest measurements in inches?
"40"

What is your waist size in inches?
"32"

What is your hip size in inches?
"40"

What is your dress size?
"12"

Describe any significant moles you may have on your body.
"none"

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.
"Dry"

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"

Donor Data sourced by the Donor Agency
Nick Name: 741

How many times have you donated eggs?
"0"

What is your occupation?
"Graduate student (electrical engineering)"

What is your college GPA? (or enter N/A if haven't attended college)
"3.9 (undergrad), 3.2 (grad)"

What languages do you know?
"English""Spanish""French"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	104	Distinguished Achievement Diploma, Valedictorian	
Community College:	n/a		
Bachelors Degree:	3.9	(2 bachelor's degrees) Electrical engineering and biology	Fields & Devices, Biomedical Science
Graduate School:	3.2	MSEE	Plasma/Quantum Electronics/Optics
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	2230	2005
ACT Score:		

What were/are your best subjects in school?
"I'm good at every subject but my favorites are math and science."

What areas of academic weakness to you have?
"I'm good at every subject. I don't have any weaknesses.

Donor Data sourced by the Donor Agency
Nick Name: 741

But I'm more of a technical type than a humanities person."

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

"Microelectronics & Computer Development Fellowship, National Advanced Placement Scholar with Distinction, President's Leadership Scholarship, National Merit Scholar, National Spelling Bee finalist, 2 time UIL state champion (spelling & vocabulary),"

What are your career goals?

"I would like to get my PhD but I'm not sure yet if I will work in industry, academia, or government, or maybe a combination of those."

Are your adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Asian	Asian	German	Irish

What is your mother's ethnicity?

"Asian"

What is your father's ethnicity?

"German""Irish"

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

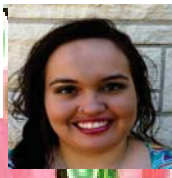
Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'01"	5'06"	5'01"	5'06"	5'03"	5'06"

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:	100	160	unknown	unknown	unknown	unknown

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

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



Donor Data sourced by the Donor Agency
Nick Name: 741

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

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

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

Are you of Mediterranean ancestry?
"No"

Are you of Jewish ancestry?
"No"

Are you of African ancestry?
"No"

Are there any known genetic conditions in your family?
"No"

Do you have children?
"No"

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

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	n/a						
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

Donor Data sourced by the Donor Agency
Nick Name: 741

Mother:	57	n/a	n/a	homemaker	some college
Father:	69	n/a	n/a	maintenance	bachelor's degree
Maternal Grandmother:	90	n/a	n/a	homemaker	unknown
Maternal Grandfather:	n/a	unknown	old age	unknown	unknown
Paternal Grandmother:	n/a	90	old age	teacher	unknown
Paternal Grandfather:	n/a	unknown	asbestosis	military	unknown
Sibling 1:	n/a				
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.
"None of us have any major health problems at the moment."

Why do you want to become an egg donor?
"I like to help people. I don't need any of my eggs right now, so instead of letting them go to waste I'd rather give them to someone who would appreciate them."

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 usually quiet but I can be loud when it's necessary. But I am a very tranquil person."

What are your plans for the future? Where do you see yourself in 5 and 10 years?
"In 5 and 10 years I'll probably be working as a researcher, but I'm not sure exactly where yet."

What has been your most proud moment to date? What achievement are you most proud of?
"I got two bachelor's degrees at the same time (one in engineering, the other in science)"

What is your personal philosophy of life?
"Work hard and play hard."

What do you like to do with your liesure time?
"I don't have much leisure time, because I have to study, but I would go to the gym or play music."

Donor Data sourced by the Donor Agency
Nick Name: 741

How active are you physically?
"I work out at the gym whenever I get a chance. Also, I ride my bike a lot."

What sports or activities do you participate in?
"I mostly just exercise at the gym, as well as swim."

Have you played on sports teams or excelled in athletics? Which ones?
"Exercise is important to me but I've always been more of an academic than an athlete. All my schooling through PhD is basically free because of my academic performance."

What your your other skills or talents such as writing, acting, dancing, etc.
"I like to think I can write well; I always did well in English courses. I acted in some student films as well. I'm classically trained in piano (but I'll play any genre) and I can sing too."

Name some of your interests. Reading, traveling, camping, sewing, etc.
"I'm classically trained in piano, and I sing also. People think I sing well, even though I haven't been trained."

List any clubs, sport teams, organizations that you belong to:
"I was inducted into Tau Beta Pi, and I participated in boxing club for a little while."

List any honors or awards you have received.
"National Merit Scholar, National Spelling Bee finalist, 2 time UIL state champion (spelling & vocabulary), Microelectronics & Computer Development Fellowship, and more"

What sort of volunteer work have you done?
"I've done medical volunteering, and I've also supervised volunteer workers at a nature preserve."

What is your favorite food?
"I like all food, it's hard to pick a favorite. This is Texas so I'll say barbeque, but I'm an adventurous eater and will try anything."

What is your favorite song?
"I like any piece by Chopin, especially the polonaises and the Fantaisie Impromptu Op. 66. But I listen to all kinds of music, not just classical."

Who is your favorite star / celebrity?
"I'm not really into pop culture."

What is your favorite book?
"God is not Great by Christopher Hitchens"

What is your favorite color?
"I like black, as well as blue and pink."

What is your favorite sport?
"I'm not really into sports. I like boxing but I'm not that serious about it."

What was your favorite childhood activity?

Donor Data sourced by the Donor Agency
Nick Name: 741

"I liked to read books, as well as play."

Who do you admire most and why?

"I admire Charles Darwin because he was honest and had integrity even though his ideas were controversial."

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

"There are turtles at my childhood home, but I didn't take care of them much."

Are you religious or spiritual?

"No, I think science is better."

Do you practice your religion?

"no"

What religion or spiritual ritual do you practice now?

"none"

What is one thing that is totally unique about you?

"I am a technical person but I appreciate the humanities as well."

What would you like to say to any potential recipient?

"Thank you for choosing me. I hope the child will have a loving home and maximize his or her potential."

Describe yourself as a young child.

"As a young child I was quiet and studious but also inquisitive. I enjoyed school."

What was your favorite thing to do as a child?

"I liked to read books, as well as play."

What was your favorite subject in school?

"I liked every subject but especially science."

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

"I remember that her cooking was really delicious."

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

"I remember that he had many interests including world cultures, fine art and music, and travel."

What was your favorite vacation as a child?

"I liked going to New York City. I went there twice, once with my dad and the other time for the National Vocabulary Championship."

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

"I really didn't have any problems as a teenager. I have enough self-confidence that I don't worry about what other people think of me."

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

Donor Data sourced by the Donor Agency
Nick Name: 741

and identify which ones you or one of your genetic relatives have or had. Please consider each carefully for each family member. If you and none of your family members have a history of the 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:	✓								

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

"n/a"

carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) an which ones you or one of your genetic relatives have or had. Please consider each condition c each family member. If you and none of your family members have a history of the specific me 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.):	✓								

For every relative, please indicate your relation to them (include maternal or paternal), the age o

Donor Data sourced by the Donor Agency
Nick Name: 741

disease state, and any other pertinent information of which you are aware.
"n/a"

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

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 o
disease state, and any other pertinent information of which you are aware.
"Paternal uncle - not sure of exact age of onset but it was in his 60s"

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

Heart	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Stroke:							✓		
Heart Attack:	✓								
Congenital Heart	✓								

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Donor Data sourced by the Donor Agency
Nick Name: 741

Disease:									
Heart Disease or Defect:	✓								
Hardening of the Arteries:	✓								
High Blood Pressure:	✓								
High Cholesterol Level:	✓								

For every relative, please indicate your relation to them (include maternal or paternal), the age o
disease state, and any other pertinent information of which you are aware.
"Paternal grandmother, at 90"

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and id
ones you or one of your genetic relatives have or had. Please consider each condition caref
family member. If you and none of your family members have a history of the specific medic
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:				✓					

Donor Data sourced by the Donor Agency
Nick Name: 741

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the dise
any other pertinent information of which you are aware.
"I was born prematurely. I think my mom was 32."

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identif
you or one of your genetic relatives have or had. Please consider each condition carefully fo
member. If you and none of your family members have a history of the specific medical cond
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 Breast or Discharge:	✓								
Polycystic Ovarian Syndrome (PCOS):	✓								
Pelvic Inflammatory Disease (PID):	✓								
Endometriosis:	✓								

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

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

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

Donor Data sourced by the Donor Agency
Nick Name: 741

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:	✓								
Polyarteritis Nodosa:	✓								
Other Blood Disorder:	✓								

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

Carefully review the following list of medical problems (RESPIRATORY) and identify which or of your genetic relatives have or had. Please consider each condition carefully for each family you and none of your family members have a history of the specific medical condition, please

Respiratory	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Asthma:	✓								
Hay Fever:	✓								
Emphysema:	✓								

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Donor Data sourced by the Donor Agency
Nick Name: 741

Tuberculosis:	✓								
Pneumonia:	✓								
Alpha-1 anyitrypsin Disorder:	✓								
Blood in Sputum:	✓								
Other Lung Disease:	✓								

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

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify wh
or one of your genetic relatives have or had. Please consider each condition carefully for each
member. If you and none of your family members have a history of the specific medical conditi
check "None".

Gastro-Intestinal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousi
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	✓								

Donor Data sourced by the Donor Agency
Nick Name: 741

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 o
disease state, and any other pertinent information of which you are aware.
"n/a"

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify
you or one of your genetic relatives have or had. Please consider each condition carefully for e
member. If you and none of your family members have a history of the specific medical conditi
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:	✓								
Hypoglycemia:	✓								
Adrenal Dysfunction or Disorder:	✓								
Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	✓								
Obesity:	✓								
Dwarfism:	✓								

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Donor Data sourced by the Donor Agency
Nick Name: 741

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the dise any other pertinent information of which you are aware.
"Mother - 55"

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/Unde	Cousin
Kidney Problems:	✓								
Polycystic Kidney Disease:	✓								
Other disease/defect of urinary tract (urethra, bladder, ureter):	✓								

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.
"n/a"

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/Unde	Cousin
Migraines:	✓								
Mental Retardation:	✓								
Senility or Mental Deterioration before age 50:	✓								
Multiple Sclerosis:	✓								
Cerebral Palsy:	✓								
Neurofibromatosis:	✓								
Epilepsy / Seizures:	✓								
Attention Deficit	✓								

Donor Data sourced by the Donor Agency
Nick Name: 741

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:	✓								

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.
"n/a"

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:	✓								
Anorexia / Bulemia / Other eating	✓								

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

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.
"n/a"

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:	✓								

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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 erythematosis - SLE):	✓								

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.

"n/a"

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:	✓								

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Blindness:	✓								
Color Blindness:	✓								
Sever Myopia:	✓								
Glaucoma:	✓								
Retinoblastoma:	✓								
Retinitis Pigmentosa:	✓								
Deviated Septum:	✓								
Another other Sensory Disorder:	✓								

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

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	✓								

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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.
"I had acne from roughly age 10-12. Eczema when I was 5 or 6."

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
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:	✓								

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.
"n/a"

Have you ever had a blood transfusion?
"No"
If "Yes", please explain when and what state/country were you treated.
"n/a"

Have you ever had gonorrhea?
"No"

Have you ever had Human Papilloma Virus (HPV)?
"I've had the vaccination."

Have you had chlamydia within the past 12 months?

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"No"

Do you have herpes?
"No"

Have you ever had Trichomoniasis?
"No"

Have you ever had Syphilis?
"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?
"No"

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

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?
"No"

Have you ever been diagnosed with Ovarian Cysts?
"No"

Have you ever been diagnosed with Chronic Pelvic Pain?
"No, I've never even heard of that"

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"

If "Yes", please explain.
"n/a"

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

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"I am in good physical and mental health. I've never had any problems."

How old were you when you had your first period?
"10"

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?
"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"
Please explain "Other"
"n/a"

Do you drink?
"Yes"

How many drinks do you usually consume in a week?
"1-5"

Do you smoke or use tobacco products?
"No"
If yes, what type and for how long?
"n/a"

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"
Which drugs, and when?
"n/a"

Do you have any tattoos?
"Yes"

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

"left shoulder, in 2012"

Do you have any body piercings?

"Yes"

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

"nose ring, 2007"

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