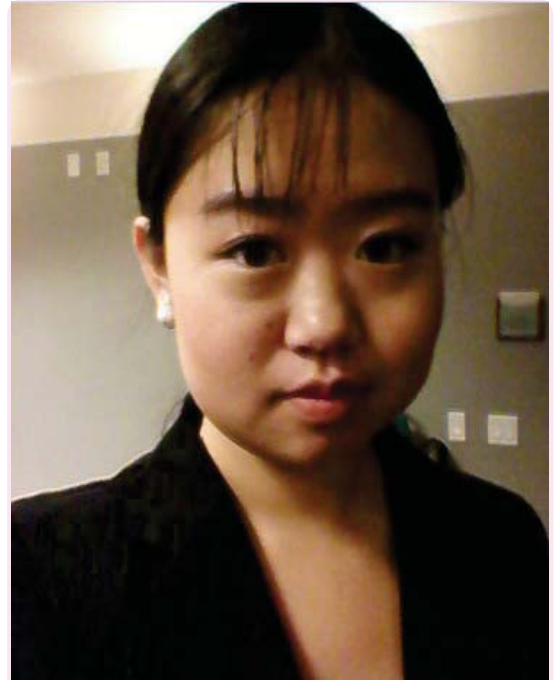




Messege to the Potential Couple

YD-704-DS-746

所在国家	美国
籍贯	美国
出生或年龄	21岁
身高	5'04(英文单位i)
体重	110LBS
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

联系方式: 400-887-1005

档案制作时间: 2014年3月份



With Family Members



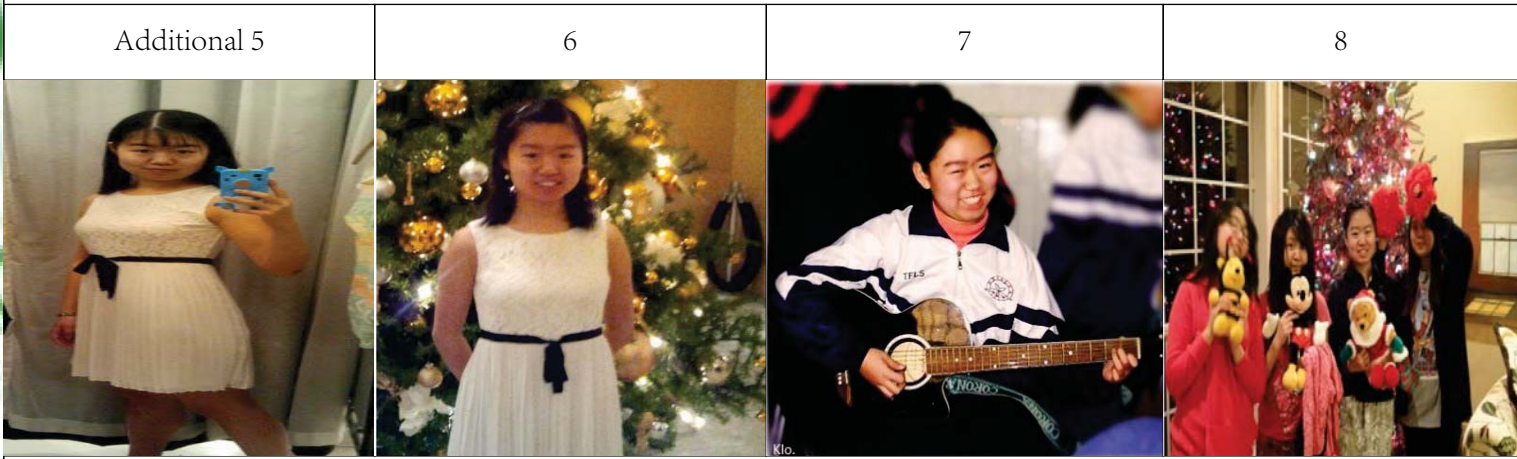
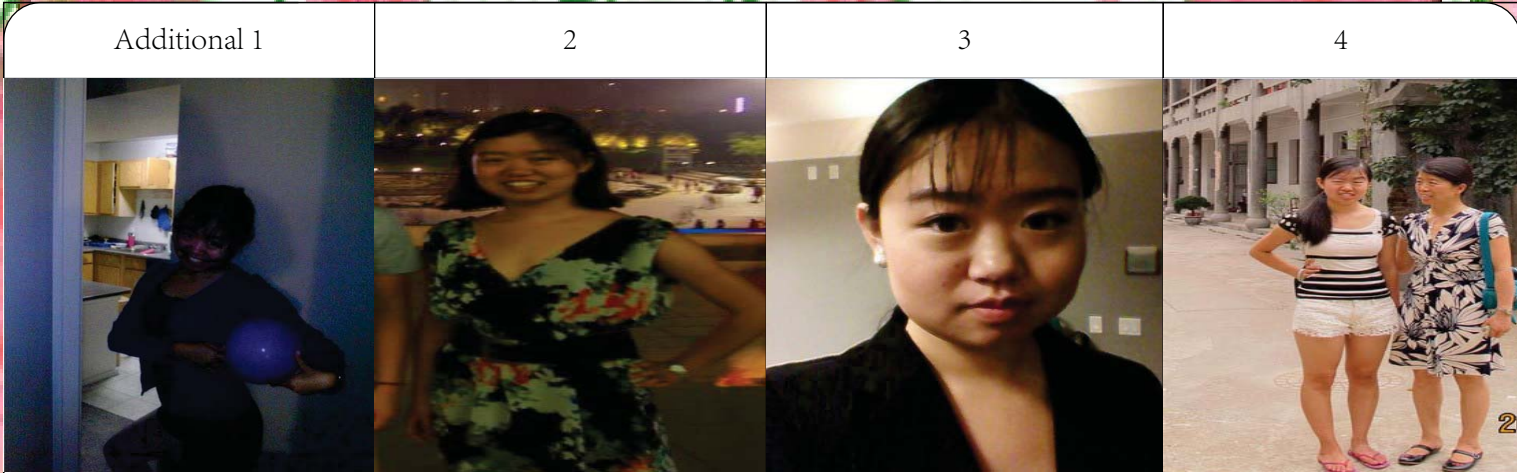
With Family Members

TODAY 14-3-27

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L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 746

TODAY 14-3-27

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622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Add Row				
X				

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Profiles Presentation Lu Jie Page 3

Interview by DS

DONOR Applicant Nick Name 746



Donor Data sourced by the Donor Agency
Nick Name: 746

Donor Number

"746"

What is your city?

"Dallas"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"O+"

Age

"21"

What is your height?

"5'04"

What is your weight in pounds?

"110"

What is your body type?

"Athletic"

What is your skin complexion?

"Light"

What is your natural hair color?

"Black"

What is your hair texture?

"Straight"

What is your eye color?

"Brown"

Describe any distinguishing physical characteristics.

"I am petite Asian girl with big eyes, small nose and round cheeks. I have a fit body because of my active lifestyle."

Have you had any plastic surgery?

"No"

Have you had any orthodontia?

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Donor Data sourced by the Donor Agency

Nick Name: 746

"No"

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.

"Round"

How significant was your adolescent acne?

"Slight"

How significant is your adult acne?

"None"

What was your natural hair color as a child?

"Black"

What is your natural hair color as an adult?

"Black"

What is your hair type?

"Medium"

What is your hair fullness?

"Thick"

Select the general shape of your eyes.

"Almond"

Select the general size of your eyes.

"Large"

Select the general shade of your eyes.

"Dark"

Select the general description of your eyebrows.

"Thick"

Select the general description of your eyelashes.

"Long"

Select the general description of the size of your

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Donor Data sourced by the Donor Agency

Nick Name: 746

mouth.

"Medium"

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?

"Petite"

What are your natural chest measurements in inches?

"32"

What is your waist size in inches?

"27"

What is your hip size in inches?

"36"

What is your dress size?

"2"

Describe any significant moles you may have on your body.

"I have a brown birthmark in the size of a quarter on my back."

Select the general description of your skin tone.

"Yellow"

Select the general shade of your skin.

"Fair"

Select the general description of your type of skin.

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Donor Data sourced by the Donor Agency

Nick Name: 746

"Oily"

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?

"0"

What is your occupation?

"College Student"

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

"3.82"

What languages do you know?

"Chinese" "English" "Spanish"

Please complete the table regarding your education.

Type of Education	GP A	Degree	Area of Study
High School:	3.96	Diploma	General
Community College:	3.85	transfer requirements	Engineering
Bachelors Degree:	3.81	B.S.	Engineering
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	2140	2012

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Profiles Presentation Lu Jie

Interview by DS



Donor Data sourced by the Donor Agency

Nick Name: 746

ACT Score:

What were/are your best subjects in school?

"Biology, Physics, Music, English"

What areas of academic weakness to you have?

"Nothing significant"

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

"Regional Science Champion, College Faculty Scholarship, Emerging Scholar"

What are your career goals?

"Entrepreneur / Innovative Engineer"

Are you adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Chinese	Chinese	Chinese	Chinese

What is your mother's ethnicity?

"Chinese"

What is your father's ethnicity?

"Chinese"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'03"	5'08"	5'02"	6'00"	5'06"	6'00"

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:	118	135	150	150	120	140

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	Round	Straight	Straight	Straight

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Profiles Presentation Lu Jie Page 8

Interview by DS



Donor Data sourced by the Donor Agency
Nick Name: 746

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

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

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

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

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

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

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

"No"

Are you of African ancestry?

"No"

Are there any known genetic conditions in your family?

"No"

Do you have children?

"No"

Please provide the following information about your full siblings (enter n/a in a cell if you have no siblings):

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	N/A						
Sibling 2:	N/A						
Sibling 3:	N/A						
Sibling 4:							
Sibling 5:							

How many children do you have?

"0"

Please provide the following information about your family members:

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L_Jie



Donor Data sourced by the Donor Agency

Nick Name: 746

Family Member	Age (If Living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	49			College Professor	B.S.
Father:	52			Civil Engineer	B.S.
Maternal Grandmother:	78			Nurse	High School
Maternal Grandfather:		82	Lung Cancer	in the Military	High School
Paternal Grandmother:		69	Medical Accident	Merchant	High School
Paternal Grandfather:	88			Merchant	High School
Sibling 1:					
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

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

"4"

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

"We are all generally healthy and rarely visit the hospital."

Why do you want to become an egg donor?

"I will receive a gift to fulfill my educational pursuits by giving a gift of life."

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 an outgoing person and I am good at making conversations with all kinds of people. I am serious toward my work, and work very hard."

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Donor Data sourced by the Donor Agency
Nick Name: 746

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

"I dream of becoming an entrepreneur/engineer, and in the next few years I will continue my education until finishing Ph.D."

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

"To dance as the front row ballerina in my college's dance concert. I am most proud of being able to study at one of the best colleges."

What is your personal philosophy of life?

"Family comes first. Treat others the way I like to be treated and work hard for my goal."

What do you like to do with your leisure time?

"I play the piano, watch movies with the loved ones, cook and work out."

How active are you physically?

"I work out often, and I am interested in many sports such as swimming, kick-boxing, running and tennis."

What sports or activities do you participate in?

"I volunteer teaching languages, and I am active member in many school clubs."

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

"Yes. I was on the varsity track team from grade school to high school."

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

"I love music, and I have been playing the piano since a young age. I am also an active public speaker, competing in tournaments."

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

"I love reading, singing and cooking. Traveling is a luxury but I have tried to travel

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Donor Data sourced by the Donor Agency
Nick Name: 746

extensively."

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

"Phi Theta Kappa Honor Society, Sigma Tau Honor Society, Mock Trial, National Forensics League, IEEE, Society of Woman Engineers, Texas Society of Professional Engineers"

List any honors or awards you have received.

"Regional Science Champion, Outstanding Speaker, Emerging Scholar"

What sort of volunteer work have you done?

"Teaching Spanish"

What is your favorite food?

"I love almost everything, but spicy food and chocolate stand out especially."

What is your favorite song?

"Hips Don't Lie"

Who is your favorite star / celebrity?

"Shakira"

What is your favorite book?

"Harry Potter"

What is your favorite color?

"Blue"

What is your favorite sport?

"Swimming"

What was your favorite childhood activity?

"Going on vacation with my parents"

Who do you admire most and why?

"I admire Steve Jobs for what he stands for."

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

"None"

Are you religious or spiritual?

"I believe in science."

Do you practice your religion?

"No"

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Donor Data sourced by the Donor Agency

Nick Name: 746

What religion or spiritual ritual do you practice now?

"None"

What is one thing that is totally unique about you?

"I think I am unique in general."

What would you like to say to any potential recipient?

"I am the one you are looking for!"

Describe yourself as a young child.

"School and piano practice occupied much of my time, but I was still somehow the leader kid the school."

What was your favorite thing to do as a child?

"Visit my friends' houses."

What was your favorite subject in school?

"Biology."

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

"She was always there waiting for me under the orange light with a warm dinner."

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

"He was always busy, but he remembered to bring me the stuffed animal I wanted after a long trip."

What was your favorite vacation as a child?

"I went to a tropical island with my family for the summer, and I saw the most exotic fruit and warm-hearted people I had ever seen."

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

"My biggest problem was that I was too busy doing school work for anything else, and when my parents realized about the problem, they negotiated with the school to reduce my homework."

Carefully review the following list of medical problems (CONGENITAL

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Donor Data sourced by the Donor Agency
Nick Name: 746

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	Siblings	Grandparents	Aunt/Uncle	Cousins
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 your family members have a history of the specific medical condition, please check "None".

Chromosomal	None	Self	Children	Mother	Father	Siblings	Grandparent	Aunt/Uncl	Cousi
Down Syndrome:	<input checked="" type="checkbox"/>								
Other (i.e. Turner,	<input checked="" type="checkbox"/>								

骨髓档案合计页为 31 页



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Nick Name: 746

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	Non e	Sel f	Childre n	Mothe r	Fathe r	Siblin g	Grandparent s	Aunt/Uncle	Cousi n
Breast:		<input checked="" type="checkbox"/>							
Colon or Intestinal:		<input checked="" type="checkbox"/>							
Lung:						<input checked="" type="checkbox"/>			
Ovarian or Uterine:		<input checked="" type="checkbox"/>							
Prostate or Testicular:		<input checked="" type="checkbox"/>							
Skin:		<input checked="" type="checkbox"/>							
Stomach:		<input checked="" type="checkbox"/>							
Thyroid:		<input checked="" type="checkbox"/>							
Blood (e.g. leukemia):		<input checked="" type="checkbox"/>							
Other:		<input checked="" type="checkbox"/>							

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

"My maternal grandfather passed away from lung cancer at the age of 82."

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	Non e	Sel f	Childre n	Mothe r	Fathe r	Siblin g	Grandparent s	Aunt/Uncle	Cousi n
Stroke:		<input checked="" type="checkbox"/>							

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Donor Data sourced by the Donor Agency

Nick Name: 746

Heart Attack:

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	Non	Sel	Childre	Moth	Fath	Siblin	Grandpare	Aunt/Unc	Cousi
	e	f	n	er	er	g	nts	le	n
2 or more Miscarriages:	<input checked="" type="checkbox"/>								
Stillborn:	<input checked="" type="checkbox"/>								
Premature Menopause:	<input checked="" type="checkbox"/>								
Death of a newborn infant:	<input checked="" type="checkbox"/>								
Childhood death:	<input checked="" type="checkbox"/>								
Birth Defects:	<input checked="" type="checkbox"/>								
Infertility:	<input checked="" type="checkbox"/>								
Premature Birth:	<input checked="" type="checkbox"/>								

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each

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Nick Name: 746

family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Genitals / Reproductive	Non Sel e f	Childre n	Moth er	Fath er	Siblin g	Grandpare nts	Aunt/Unc le	Cousi n
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	Non Sel e f	Childre n	Moth er	Fath er	Siblin g	Grandparen ts	Aunt/Unc le	Cousi n
Anemia:	<input checked="" type="checkbox"/>							
Sickle-Cell Anemia:	<input checked="" type="checkbox"/>							
Factor V Leiden Thrombophilia (blood clots or strokes):	<input checked="" type="checkbox"/>							

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Donor Data sourced by the Donor Agency

Nick Name: 746

- 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:

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".

	None	Sel	Childre	Mothe	Fathe	Siblin	Grandparent	Aunt/Uncl	Cousi
Respiratory	e	f	n	r	r	g	a	e	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 anyitrypsin Disorder:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency

Nick Name: 746

S:

Pneumonia:

Alpha-1
pancreatitis
Disorder:

Blood in
Sputum:

Other Lung
Disease:

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-Intestin Non Sel Childre Mothe Fathe Sibli Grandparen Aunt/Und Cousi
al e f n r r g ts e n

Appendicitis:

Ulcer of
Stomach or
Duodenum:

Gallstones:

Hepatitis A, B,
or C:

Cirrhosis of
the Liver:

Other Liver
Disease:

Ulcerative
Colitis:

Crohn's
Disease:

Pyloric
Stenosis:

Multiple
Polyps of the
Colon:

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Donor Data sourced by the Donor Agency
Nick Name: 746

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 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/Endocr Non Sel Childre Mothe Fethe Sibling Grandparen Aunt/Unc Cousi
ine e f n r r g ts le n

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:

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Nick Name: 746

Dwarfism:

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

"My mother's older brother was diagnosed with type II diabetes in his 40s, but it is currently under control by diet."

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



Urinary	No	Se	Childr	Moth	Fath	Sibli	Grandpar	Aunt/U	Cou
	ne	If	en	er	er	ng	ents	ncle	sin
Kidney Problems: <input checked="" type="checkbox"/>									
Polycystic Kidney Disease: <input checked="" type="checkbox"/>									
Other disease/d efect 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 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	No	Se	Child	Mot	Fat	Sibli	Grandpa	Aunt/U	Cou
	ne	If	ren	her	her	ng	rents	ncle	sin
Migraines: <input checked="" type="checkbox"/>									
Mental Retardation: <input checked="" type="checkbox"/>									
Senility or Mental Deterioratio <input checked="" type="checkbox"/>									

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Donor Data sourced by the Donor Agency

Nick Name: 746

n before age
50:

Multiple Sclerosis:

Cerebral Palsy:

Neurofibromatosis:

Epilepsy / Seizures:

Attention Deficit Disorder / Hyperactivity:

Autism / Asperger's:

Alzheimer's Disease / Dementia:

Hydrocephalus:

Tuberous Sclerosis:

Parkinson's Disease:

Creutzfeldt-Jakob Disease:

Scoliosis:

Myasthenia Gravis:

Huntington's or Wilson's Disease:

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Donor Data sourced by the Donor Agency
Nick Name: 746

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".

	Non Sel	Childr	Moth	Fath	Siblin	Grandpare	Aunt/Un	Cousi	
Mental Health	e	f	en	er	er	g	nts	cle	n
Anxiety / Panic Attacks:									<input checked="" type="checkbox"/>
Anorexia / Bulemia / Other eating disorders:									<input checked="" type="checkbox"/>
Depression:									<input checked="" type="checkbox"/>
Schizophren ia:									<input checked="" type="checkbox"/>
Manic Depressive or Bipolar Disorder:									<input checked="" type="checkbox"/>
Other mental health disorder requiring hospitalizati on:									<input checked="" type="checkbox"/>
Suicide Attempts:									<input checked="" type="checkbox"/>
Other									<input checked="" type="checkbox"/>

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Donor Data sourced by the Donor Agency
Nick Name: 746

mental health problems that warranted counseling:

Carefully review the following list of medical problems (MUSCLE/BONEJOINTS) 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	No	Se	Child	Mot	Fath	Sibli	Grandpar	Aunt/U	Cou
	ne	If	ren	her	er	ng	ents	ncle	sin

Muscular Dystrophy:

Achondroplasia- form of dwarfism with abnormal bone growth:

Other Chronic Muscle Disease:

Osteogenesis imperfecta (brittle bone disease):

Loss of Muscle Coordination:

Osteoporosis:

Marfan Syndrome:

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Nick Name: 746

Arthritis:	<input checked="" type="checkbox"/>
Rheumatoid or Juvenile Arthritis:	<input checked="" type="checkbox"/>
Spinal Muscular Atrophy:	<input checked="" type="checkbox"/>
Hereditary Low Back Disorder or Deformity of Spine:	<input checked="" type="checkbox"/>
Reiter's Disease:	<input checked="" type="checkbox"/>
Myasthenia Gravis:	<input checked="" type="checkbox"/>
Gout:	<input checked="" type="checkbox"/>
Metabolic Bone Disease:	<input checked="" type="checkbox"/>
Lupus (systemic lupus erythematosus - SLE):	<input checked="" type="checkbox"/>

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

Amusia (medical tone deafness):	<input checked="" type="checkbox"/>
Deafness:	<input checked="" type="checkbox"/>

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制作
2014.03.31
L_Jie



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before age 60:	
Deformity of the ear:	<input checked="" type="checkbox"/>
Cataracts before age 50:	<input checked="" type="checkbox"/>
Blindness:	<input checked="" type="checkbox"/>
Color Blindness:	<input checked="" type="checkbox"/>
Sever Myopia:	<input checked="" type="checkbox"/>
Glaucoma:	<input checked="" type="checkbox"/>
Retinoblastoma:	<input checked="" type="checkbox"/>
Retinitis Pigmentosa:	<input checked="" type="checkbox"/>
Deviated Septum:	<input checked="" type="checkbox"/>
Another other Sensory Disorder:	<input checked="" type="checkbox"/>

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	No ne	Se If	Child ren	Mot her	Fat her	Sibli ng	Grandpa rents	Aunt/U ncle	Cou sin
Acne:	<input checked="" type="checkbox"/>								
Albinism:	<input checked="" type="checkbox"/>								
Eczema:	<input checked="" type="checkbox"/>								
Excessive	<input checked="" type="checkbox"/>								

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Facial Hair
(Hirsutism):

Pigmentation Disorders:

Psoriasis:

Neurofibromatosis:

Other disorders of the skin:

Infectious 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	Siblings	Grandparents	Aunt/Uncle	Cousins
Alcoholism:	<input checked="" type="checkbox"/>								
Drug Abuse, Misuse or Addiction:	<input checked="" type="checkbox"/>								
Premature degeneration of	<input checked="" type="checkbox"/>								

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any
organ
system:

Anorexia:

Bulemia:

Other
Eating
Disorder:

Any other
condition
not
mentione
d 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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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 would you describe your overall health, both mentally and physically?

"I am generally healthy both mentally and physically, and rarely need medicine of any kind."

How old were you when you had your first period?

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"11"

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?

"30"

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?

"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"

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

"No"

When is the last time you have used

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Marijuana?

"Never"

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

"No"

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

"Never"

Do you have any tattoos?

"No"

Do you have any body piercings?

"Yes"

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

"I have my ears pierced in the regular way."

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