



Messege to the Potential Couple

YD-706-DS-760

所在国家	美国
籍贯	美国
出生或年龄	22岁
身高	5'09(英文单位i)
体重	145LBS
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



Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 760

TODAY 14-3-31

制作  
2014.03.31  
L\_jie

622 FORM  
DNAP Profile

DAP YUlane.org  
Donor Assessment Program



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Profiles Presentation Lu Jie Page 3

Interview by DS

DONOR Applicant Nick Name 760



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2014.03.31  
L\_Jie

Donor Data sourced by the Donor Agency  
Nick Name: 760

**Donor Number**

"760"

**What is your city?**

"Houston"

**What is your state?**

"Texas"

**What race would you most likely be affiliated?**

"Asian"

**What is your blood type?**

"O+"

**Age**

"22"

**What is your height?**

"5'09"

**What is your weight in pounds?**

"145"

**What is your body type?**

"Athletic"

**What is your skin complexion?**

"Medium"

**What is your natural hair color?**

"Dark Brown"

**What is your hair texture?**

"Straight"

**What is your eye color?**

"Brown"

**Have you had any plastic surgery?**

"No"

**Have you had any orthodontia?**

"No"

**Have you had vision correction surgery?**

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Profiles Presentation Lu Jie Page 4



Donor Data sourced by the Donor Agency  
Nick Name: 760

"No"

Do you have glasses?

"Yes"

Do you have contacts?

"No"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Oval"

How significant was your adolescent acne?

"None"

How significant is your adult acne?

"During Menstruation"

What was your natural hair color as a child?

"Dark Brown"

What is your natural hair color as an adult?

"Dark Brown"

What is your hair type?

"Medium"

What is your hair fullness?

"Average"

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.

"Medium"

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.

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Donor Data sourced by the Donor Agency

Nick Name: 760

**"Full"**

Select the general description of the shape of your chin.

**"Oval"**

Select the general description of the cleft in your chin.

**"Small"**

Do you have dimples?

**"Left and Right"**

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?

**"34"**

What is your waist size in inches?

**"26"**

What is your hip size in inches?

**"36"**

What is your dress size?

**"6"**

Describe any significant moles you may have on your body.

**"I have a beauty mark above my mouth."**

Select the general description of your skin tone.

**"Yellow"**

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.

**"Easily"**

What is your dominant hand?

**"Right"**

How many times have you donated eggs?

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Profiles Presentation **Lu Jie** Page 6

Interview by **DS**

DONOR Applicant Nick Name **760**



Donor Data sourced by the Donor Agency  
Nick Name: 760

What is your occupation?

"Receptionist"

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

"3.7"

What languages do you know?

"Spanish"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.7	Diploma	High School
Community College:			
Bachelors Degree:	3.7	BA	Athletic training/psych
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	N/A	N/A
ACT Score:	27	2009

What were/are your best subjects in school?

"History, Physics, Anatomy & Physiology"

What areas of academic weakness to you have?

"None"

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

"Academic All-American, Dean's List, President's List, 1st Place Public Speaking Contest, 1st Place Athletic Training Test"

What are your career goals?

"I have yet to decide on the career I want to pursue but I know it will be with children. I am determined to work my way up to the highest position at within the"

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Donor Data sourced by the Donor Agency  
Nick Name: 760

Are you adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Polish	Irish	Japanese	Japanese

What is your mother's ethnicity?

"Irish"

What is your father's ethnicity?

"Japanese"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'07"	5'08"	5'07"	5'11"	5'02"	5'09"

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:	130	165	135	175	125	145

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

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

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

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

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

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Light Brown	Black	Light Brown	Blonde	Black	Black

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

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF

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Profiles Presentation Page 8  
Lu Jie

Interview by DS

DONOR Applicant Nick Name 760



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L\_jie



Donor Data sourced by the Donor Agency

Nick Name: 760

Skin Tone: Pink Yellow Pink Pink 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:	Female	5'3	185	Athletic	Brown	Brown	Olive
Sibling 2:	Female	5'3	130	Athletic	Brown	Brown	Olive
Sibling 3:	Male	5'10	180	Athletic	Brown	Black	Olive
Sibling 4:	Female	5'6	140	Athletic	Brown	Brown	Olive
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:	55			Security Guard	High School
Father:	59			Rail Road	Bachelors

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Donor Data sourced by the Donor Agency  
Nick Name: 760

<b>Maternal Grandmother:</b>	76			Waitress	High School
<b>Maternal Grandfather:</b>	82			Security Guard	High School
<b>Paternal Grandmother:</b>		93	Old Age	N/A	Bachelors
<b>Paternal Grandfather:</b>		96	Old Age	Farmer	Some College
<b>Sibling 1:</b>	25			Store Manager	Bachelors
<b>Sibling 2:</b>	24			Student	College
<b>Sibling 3:</b>	27			Administrator	Bachelors
<b>Sibling 4:</b>					
<b>Sibling 5:</b>					

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.

"Very good overall health"

Why do you want to become an egg donor?

"I know I would make some awesome kids intellectually. I love that I have the opportunity to give a family a really quality child and even with my flaws, I love my integrity and character and believe these are innate traits."

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?

"Easy going in a mixed crowd of close friends and acquaintances, more outgoing with my inner circle."

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

"I am going to continue my education and pursue my Master's degree to

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Donor Data sourced by the Donor Agency

Nick Name: 760

further my advancement options in my career but I would also love to be married with a child if it's in God's will for me!"

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

"When I was baptized this year! I found a church I believe is true and accepted Christ as my savior. Even if I turn out to be wrong, the lifestyle I live is clean and I feel like my integrity is the best it's ever been."

What is your personal philosophy of life?

"Always give more than your receive"

What do you like to do with your leisure time?

"Go to the gym, play video games, read scriptures, bake, window shop"

How active are you physically?

"Very, I workout 4-7 times a week and play basketball twice a week if not more. I don't enjoy sitting at home, I feel like I'm wasting the day away."

What sports or activities do you participate in?

"Volleyball, basketball, track & field, softball, tennis, golf"

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

"I have always excelled in my age group in basketball, volleyball, and track. I qualified for State in track 3 of 4 years in high school (placed in each event), basketball 2 years, volleyball 1 year. I start for my college basketball team"

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

"I'm great at writing and find elaborating on a theory easy. My interpersonal skills are great, I am socially very in tune."

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

"Reading, exercise, sports, baking, coaching, drawing, traveling"

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

"Collegiate basketball and tennis currently"

List any honors or awards you have received.

"All-Region 1st team volleyball/basketball, All-State Honorable Mention volleyball, Senior Athlete Award, USCAA Division I Women's Basketball Player of the Week"

What sort of volunteer work have you done?

"Habitat for Humanity, Elementary Basketball Camp Coach, cleaned received Goodwill donations, Coordinating church events, baking goods for church fundraisers"

What is your favorite food?

"Pancakes!"

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Donor Data sourced by the Donor Agency  
Nick Name: 760

**What is your favorite song?**

"Beach Boys, Woudn't it be nice"

**Who is your favorite star / celebrity?**

"Julia Roberts"

**What is your favorite book?**

"N/A"

**What is your favorite color?**

"Purple"

**What is your favorite sport?**

"Basketball"

**What was your favorite childhood activity?**

"Going across the street with my sisters to the park and making mud pies after rain storms underneath the merry-go-round. We'd run over barefoot and "bake" creations with the mud."

**Who do you admire most and why?**

"Grandpa because of his love he shows for her grandma and I hope to one day find that love for myself."

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

"Goldfish, cats, and dogs. I love animals and am great with them."

**Are you religious or spiritual?**

"Yes, I am Christian I pray and try to live in His will but still make mistakes and should be more consistent in attending church."

**Do you practice your religion?**

"Yes, I don't drink or smoke and try to follow the Words of Wisdom. My family does not, but my older sister and I both found our faith at college this past year."

**What religion or spiritual ritual do you practice now?**

"The Church of Jesus Christ of Latter Day Saints"

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

"Unique sense of humor."

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

"It's hard to sell yourself and be humble at the same time, but I KNOW my genetics for brains and intellect are rare. Life's not about popularity but lessening that stress on your child is a huge favor. I'm a great person and reflect it in my actions."

**Describe yourself as a young child.**

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Donor Data sourced by the Donor Agency

Nick Name: 760

"N/A"

What was your favorite thing to do as a child?

"Love going to the park after rain storms"

What was your favorite subject in school?

"High School- A&P; College- Metaphysics"

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

"N/A"

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

"N/A"

What was your favorite vacation as a child?

"When I went to Crete with my best friend"

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

"N/A"

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	S None	el f	Child ren	Mot her	Fat her	Sibli ng	Grandpa rents	Aunt/ Uncle	Cou sin
Cleft Lip / Palate:	<input checked="" type="checkbox"/>								
Congenital Hip Problems:	<input checked="" type="checkbox"/>								
Club Feet:	<input checked="" type="checkbox"/>								
Heart Defect:	<input checked="" type="checkbox"/>								
Hearing Problems:	<input checked="" type="checkbox"/>								
Spina Bifida - Neural Tube (open spine):	<input checked="" type="checkbox"/>								
Microcephal	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency  
Nick Name: 760

y:  
**Holoprosen  
cephaly - a  
single-lobe  
d 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	No	Se	Child	Mot	Fath	Sibli	Grandpa	Aunt/U	Cou
omal	ne	lf	ren	her	er	ng	rents	ncle	sin
<b>Down Syndrome:</b>									
<b>Other (i.e. Turner, Fragile X, Klinefelter's, etc.):</b>									

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	No	Se	Childr	Moth	Fath	Sibli	Grandpar	Aunt/U	Cou
	ne	lf	en	er	er	ng	ents	ncle	sin
<b>Breast:</b>									
<b>Colon or</b>									

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Donor Data sourced by the Donor Agency

Nick Name: 760

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

	No	Se	Child	Mot	Fath	Sibli	Grandpar	Aunt/U	Cou
Heart	ne	lf	ren	her	er	ng	ents	ncle	sin
Stroke:	<input checked="" type="checkbox"/>								
Heart Attack:	<input checked="" type="checkbox"/>								
Congenital Heart Disease:	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency

Nick Name: 760

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".

	S	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/ Uncle	Cousins
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"/>									

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Donor Data sourced by the Donor Agency  
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**Premature Birth:**

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

S

Genitals / Reproductive	None	Self	Child	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
-------------------------	------	------	-------	--------	--------	----------	--------------	------------	---------

**Hermaphroditism / Ambiguous Genitals:**

**Hypospadias or Undescended Testicle(s):**

**Uterine Fibroids:**

**Ovarian Cysts or Ruptured:**

**Lumps or Cysts in Breast or Discharge:**

**Polycystic Ovarian Syndrome (PCOS):**

**Pelvic Inflammatory Disease (PID):**

**Endometriosis:**

Carefully review the following list of medical problems (BLOOD) and identify

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Donor Data sourced by the Donor Agency

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

Blood	No ne	Se lf	Child ren	Mot her	Fat her	Sibli ng	Grandpa rents	Aunt/U ncle	Cou sin
Anemia:		<input checked="" type="checkbox"/>							
Sickle-Cell Anemia:		<input checked="" type="checkbox"/>							
Factor V Leiden Thrombophilia (blood clots or strokes):		<input checked="" type="checkbox"/>							
Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:		<input checked="" type="checkbox"/>							
Immune Deficiency:		<input checked="" type="checkbox"/>							
Leukemia:		<input checked="" type="checkbox"/>							
Lymphoma or Swollen Lymph Nodes:		<input checked="" type="checkbox"/>							
HIV:		<input checked="" type="checkbox"/>							
Thalassemia:		<input checked="" type="checkbox"/>							
Polyarteritis Nodosa:		<input checked="" type="checkbox"/>							
Other		<input checked="" type="checkbox"/>							

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**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	Child ren	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
-------------	------	------	-----------	--------	--------	----------	--------------	------------	---------

Asthma:

Hay Fever:

Emphysema:

Tuberculosis:

Pneumonia:

Alpha-1 antitrypsin 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-Intestinal	None	Self	Child ren	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
-------------------	------	------	-----------	--------	--------	----------	--------------	------------	---------

Appendicitis:

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Nick Name: 760

S:

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:

Rectal  
Disorder:

Inflammat  
ory 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".

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	S
Metabolic/E ndocrine	No el ne f
Child ren	Mot her
Fat her	Sibl ing
Grandpa rents	Aunt/ Uncle
Cou sin	
<b>Diabetes requiring insulin therapy:</b>	<input checked="" type="checkbox"/>
<b>Diabetes not requiring insulin therapy:</b>	<input checked="" type="checkbox"/>
<b>Childhood Diabetes:</b>	<input checked="" type="checkbox"/>
<b>Thyroid Disorder:</b>	<input checked="" type="checkbox"/>
<b>Goiter:</b>	<input checked="" type="checkbox"/>
<b>Hypoglycemi a:</b>	<input checked="" type="checkbox"/>
<b>Adrenal Dysfunction or Disorder:</b>	<input checked="" type="checkbox"/>
<b>Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:</b>	<input checked="" type="checkbox"/>
<b>Obesity:</b>	<input checked="" type="checkbox"/>
<b>Dwarfism:</b>	<input checked="" type="checkbox"/>

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".

	S
Urinary	No el ne f
Chil dren	Mot her
Fat her	Sibl ing
Grandp arents	Aunt/ Uncle
Cou sin	

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Donor Data sourced by the Donor Agency  
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**Kidney Problem s:**

**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".

	S	Co
Neurologic	No	usi
al	ne	n
el	f	
Chil	dren	
Mot	her	
Fat	her	
Sibl	ing	
Grandp	arents	
Aunt/	Uncle	

**Migraines:**

**Mental Retardation:**

**Senility or Mental Deterioration before age 50:**

**Multiple Sclerosis:**

**Cerebral Palsy:**

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Donor Data sourced by the Donor Agency  
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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:

Tourette's Syndrome:

Other:

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**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".

	S	No	el	Chil	Mot	Fat	Sibl	Grandp	Aunt/ Cou
	Health	ne	f	dren	her	her	ing	arents	Uncle sin
<b>Anxiety / Panic Attacks:</b>	<input checked="" type="checkbox"/>								
<b>Anorexia / Bulimia / Other eating disorders:</b>	<input checked="" type="checkbox"/>								
<b>Depression:</b>	<input checked="" type="checkbox"/>								
<b>Schizophrenia:</b>	<input checked="" type="checkbox"/>								
<b>Manic Depressive or Bipolar Disorder:</b>	<input checked="" type="checkbox"/>								
<b>Other mental health disorder requiring hospitali</b>	<input checked="" type="checkbox"/>								

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**zation:**

**Suicide Attempt s:**

**Other mental health problems that warrant ed counseling:**

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

	S								Co
Muscle/Bo	No el	Chil	Mot	Fat	Sibl	Grandp	Aunt/	usi	
ne/Joints	ne f	dren	her	her	ing	arents	Uncle	n	

**Muscular Dystrophy:**

**Achondrop lasia- form of dwarfism with abnormal bone growth:**

**Other Chronic Muscle Disease:**

**Osteogene sis imperfecta**

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Nick Name: 760

(brittle  
bone  
disease):

Loss of  
Muscle  
Coordinati  
on:

Osteoporo  
sis:

Marfan  
Syndrome:

Arthritis:

Rheumatoi  
d or  
Juvenile  
Arthritis:

Spinal  
Muscular  
Atrophy:

Hereditary  
Low Back  
Disorder or  
Deformity  
of Spine:

Reiter's  
Disease:

Myastheni  
a Gravis:

Gout:

Metabolic  
Bone  
Disease:

Lupus  
(systemic  
lupus  
erythemat  
osis - SLE):

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Donor Data sourced by the Donor Agency

Nick Name: 760

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".

	S	Co
	Sight/Sound/Smell	usi n
	ne f	
	Chil dren	
	Mot her	
	Fat her	
	Sibl ing	
	Grandp arents	
	Aunt/ Uncle	
<b>Amusia (medical tone deafness):</b>	<input checked="" type="checkbox"/>	
<b>Deafness before age 60:</b>	<input checked="" type="checkbox"/>	
<b>Deformity of the ear:</b>	<input checked="" type="checkbox"/>	
<b>Cataracts before age 50:</b>	<input checked="" type="checkbox"/>	
<b>Blindness:</b>	<input checked="" type="checkbox"/>	
<b>Color Blindness:</b>	<input checked="" type="checkbox"/>	
<b>Sever Myopia:</b>	<input checked="" type="checkbox"/>	
<b>Glaucoma:</b>	<input checked="" type="checkbox"/>	
<b>Retinoblastoma:</b>	<input checked="" type="checkbox"/>	
<b>Retinitis Pigmentosa:</b>	<input checked="" type="checkbox"/>	
<b>Deviated Septum:</b>	<input checked="" type="checkbox"/>	
<b>Another other Sensory</b>	<input checked="" type="checkbox"/>	

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Donor Data sourced by the Donor Agency  
Nick Name: 760

**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	No	el	Chil	Mot	Fat	Sibl	Grandp	Aunt/	usi
	ne	f	dren	her	her	ing	arents	Uncle	n
Acne:	<input checked="" type="checkbox"/>								
Albinism:	<input checked="" type="checkbox"/>								
Eczema:	<input checked="" type="checkbox"/>								
Excessive Facial Hair (Hirsutism):	<input checked="" type="checkbox"/>								
Pigmentation Disorders:	<input checked="" type="checkbox"/>								
Psoriasis:	<input checked="" type="checkbox"/>								
Neurofibromatosis:	<input checked="" type="checkbox"/>								
Other disorders of the skin:	<input checked="" type="checkbox"/>								
Infectious Skin Disease:	<input checked="" type="checkbox"/>								
More than 5 purple or coffee colored spots on skin (size of quarter or larger):	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency  
Nick Name: 760

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

	S	No el	Chil	Mot	Fat	Sibl	Grandp	Aunt/	Cousi
Other	ne	f	dren	her	her	ing	arents	Uncle	n
<b>Alcohol ism:</b>	<input checked="" type="checkbox"/>								
<b>Drug Abuse, Misuse or Additio n:</b>	<input checked="" type="checkbox"/>								
<b>Premat ure degene ration of any organ system :</b>	<input checked="" type="checkbox"/>								
<b>Anorex ia:</b>	<input checked="" type="checkbox"/>								
<b>Bulemi a:</b>	<input checked="" type="checkbox"/>								
<b>Other Eating Disorde r:</b>	<input checked="" type="checkbox"/>								
<b>Any other conditi on not mentio ned in any</b>	<input checked="" type="checkbox"/>								

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Donor Data sourced by the Donor Agency  
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**other  
questio  
n:**

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"No"

Have you had chlamydia within the past 12 months?

"No"

Do you have herpes?

"No"

Have you ever had Trichomoniasis?

"No"

Have you ever had Syphilis?

"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?

"No"

Have you ever been diagnosed with Severe Adult Acne?

"No"

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?

"No"

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?

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Donor Data sourced by the Donor Agency

Nick Name: 760

"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?

"Very blessed to be healthy"

How old were you when you had your first period?

"13"

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"

Do you drink?

"No"

How many drinks do you usually consume

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Donor Data sourced by the Donor Agency  
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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 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.

"Ears"

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