

## Sperm Donor Profile: Sample

This packet is for informational purposes. All the questions have been answered by the donor and are unaltered with exception to the staff impressions, genetic screening results, and medical sections which the donor could not answer himself.

**Donor ID:** #####

**Donor Type:** OPEN ID

**Birth Year:** 1987

**Height:** 5 , 10 ”

**Weight:** 170 lbs.

**Blood Type:** A +

**CMV Status:** Positive

**Country of Birth:** United States of America



### Ethnic Group:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> American Indian  | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Caucasian/White        | <input type="checkbox"/> East Indian      | <input type="checkbox"/> Latino/Hispanic        |
| <input type="checkbox"/> Middle Eastern/African | <input type="checkbox"/> Pacific Islander | <input checked="" type="checkbox"/> Multi/Mixed |

**Mother's Ancestry:** German / Filipino

**Father's Ancestry:** Mexican

### Jewish Ancestry:

- |  |                                    |                                    |                                       |
|--|------------------------------------|------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Ashkenazi | <input type="checkbox"/> Sephardic | <input type="checkbox"/> Other: _____ |
|--|------------------------------------|------------------------------------|---------------------------------------|

### Eye Color:

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Brown | <input checked="" type="checkbox"/> Blue |
| <input type="checkbox"/> Hazel | <input type="checkbox"/> Green | <input type="checkbox"/> Gray            |

### Natural Hair Color:

- |                                |                                      |   |   |
|--------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Light Brown | <input checked="" type="checkbox"/> Brown | <input type="checkbox"/> Dark Brown       |
| <input type="checkbox"/> Red   | <input type="checkbox"/> Blond       | <input type="checkbox"/> Ash Blond        | <input type="checkbox"/> Strawberry Blond |

## Sperm Donor Profile (Continued)

### Eye Shape:

- |                                     |  |                                   |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Round      | <input checked="" type="checkbox"/> Almond | <input type="checkbox"/> Hooded   |
| <input type="checkbox"/> Downturned | <input type="checkbox"/> Monolid           | <input type="checkbox"/> Deep Set |

### Eye Setting:

- |                                 |   |                               |
|---------------------------------|---|-------------------------------|
| <input type="checkbox"/> Narrow | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Wide |
|---------------------------------|---|-------------------------------|

### Eye Lashes:

- |                                |                                  |  |
|--------------------------------|----------------------------------|--|
| <input type="checkbox"/> Short | <input type="checkbox"/> Average | <input checked="" type="checkbox"/> Long |
|--------------------------------|----------------------------------|--|

### Eye Brows:

- |                               |                                 |   |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Thin | <input type="checkbox"/> Medium | <input checked="" type="checkbox"/> Thick |
|-------------------------------|---------------------------------|---|

### Hair Texture:

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Straight | <input type="checkbox"/> Wavy | <input type="checkbox"/> Curly |
|--|-------------------------------|--------------------------------|

### Hair Volume:

- |                                  |                               |   |                                |
|----------------------------------|-------------------------------|---|--------------------------------|
| <input type="checkbox"/> Balding | <input type="checkbox"/> Thin | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Thick |
|----------------------------------|-------------------------------|---|--------------------------------|

### Face Shape:

- |                                  |                                |  |
|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Round   | <input type="checkbox"/> Oval  | <input checked="" type="checkbox"/> Square |
| <input type="checkbox"/> Diamond | <input type="checkbox"/> Heart | <input type="checkbox"/> Oblong            |

### Cheekbone Setting:

- |                              |   |                               |
|------------------------------|---|-------------------------------|
| <input type="checkbox"/> Low | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> High |
|------------------------------|---|-------------------------------|

### Face Features:

- |                                  |                                     |                                      |
|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dimples | <input type="checkbox"/> Cleft Chin | <input type="checkbox"/> Widows Peak |
|----------------------------------|-------------------------------------|--------------------------------------|

### Freckles:

- |  |                              |                                  |
|--|------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Few | <input type="checkbox"/> Several |
|--|------------------------------|----------------------------------|

### Freckle Prominence:

- |                                |                                 |                               |  |
|--------------------------------|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Dark | <input checked="" type="checkbox"/> Not Applicable |
|--------------------------------|---------------------------------|-------------------------------|--|

## Sperm Donor Profile (Continued)

### Ear Lobes:

Attached       Detached

### Skin Complexion:

Light       Fair       Medium  
 Olive       Tan Brown       Black Brown

### Hand Dominancy:

Right       Left       Ambidextrous

### Body Build Type:

Ectomorph       Mesomorph       Endomorph

**Occupation:** Business Developer \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_

**Religious Affiliation:** Christian \_\_\_\_\_

**Mother's Religion:** Mormon \_\_\_\_\_

**Father's Religion:** Mormon \_\_\_\_\_

## Sperm Donor Education

Select highest year/level completed

### High School

9<sup>th</sup> Grade       10<sup>th</sup> Grade       11<sup>th</sup> Grade       12<sup>th</sup> Grade

Diploma       GED       Did Not Complete

GPA 3.90

### College/University

1 Y       2 Y       3 Y       4 Y

B.A.       B.S.       Other: \_\_\_\_\_

Granted       In Progress       Did Not Complete

GPA 3.45

Major / Area of Study: Biology

Minor / Area of Study: Economics

### Graduate Level

1 Y       2 Y       3 Y       4+ Y

M.A.       M.S.       Ph.D.       J.D.

D.D.S./D.M.D.       D.O./M.D.       Other: MBA

Granted       In Progress       Did Not Complete

GPA 3.80

Focus / Area of Study: Business

Other Degrees / Certifications: \_\_\_\_\_

\_\_\_\_\_

SAT Scores: Verbal 670      Math 680      Total 1340

ACT Scores: STEM 34      ELA 32      COMP 31

Other Scores: MCAT \_\_\_\_\_      LSAT \_\_\_\_\_      GMAT 722      GRE 165

### Donor Handwritten Letter

Please write a message to the prospective recipient(s) of your semen specimen, describing yourself and any words you would like to pass on to them.

Hello! I want to start off by saying I hope your dreams of starting or expanding your family come true! I am college educated person who has played sports at the collegiate level. I am always trying to learn something new and I like to try new things.

I know that you are about to make the most important decision of your life. If I am lucky enough to be chosen as a donor by you, I hope that if you decide to tell your son/daughter about me, that you tell them if they want to contact me when they reach the appropriate age, I would love to speak with them.

As a parent, you will make mistakes... that's okay! As long as each decision you make is in the benefit of your children, they will turn out just fine. I wish the best of luck to you and your family!

-Donor #####

## Donor Characteristic Questionnaire

(explain where applicable)

**If you had to describe yourself using only three adjectives, what would they be?**

Empathetic, Tolerant, Amiable

**What languages can you speak fluently?**

English, Spanish, Farsi, German

**Mechanical skills aptitude?**

- Minimal:** I can (barely) change batteries in a remote control.
- Tinkerer:** I can fix a bicycle.
- Professional:** I know auto-repair, carpentry, computer programming, and/or electrical, etc.
- Expert:** I can fix anything you put in front of me.

**Mathematical skill ability?**

- Basic:** I know how to add, subtract, multiply, and divide numbers.
- Good:** I understand and am comfortable explaining Algebra, Geometry, or Trigonometry.
- Excellent:** I understand and am comfortable explaining Calculus.
- Expert:** I understand Differential Geometry, Linear Algebra, or Probability Theory.

**Athletic skill ability?**

- None:** I am not athletic in the slightest.
- Average Athlete:** I have played club-level/high school level sports.
- Good Athlete:** I have played sports at the high school level with high success.
- Great Athlete:** I have played sports at the collegiate level or higher.

**Artistic skill ability?**

- None:** I can draw a stick figure and (sometimes) even color within the lines.
- Basic:** I produce art pieces (create arty-looking photographs, play an instrument, etc.) for fun.
- Good:** I design or create art pieces with a high level of proficiency.
- Expert:** I have studied the arts in college or am a professional artist.



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## **Donor Characteristic Questionnaire (continued)**

### **Please list sports played regularly in high school and/or college:**

High school: Basketball, Baseball, Tennis

College: Tennis

### **Please list your past or current hobbies, interests, or skills:**

I collect currently vinyl records. When I was younger I collected Pokemon, Football, Basketball, and Baseball cards. I played collegiate varsity tennis, so I still get out and play occasionally when I have free time. I have two German Shepherd dogs that I like to take for walks. When I was younger, I was an avid skateboarder and learned carpentry by building ramps and rails. I

### **What genre of music do you enjoy the most and why?**

Nearly everything. My two favorite genres are rock and musicals. Rock music gets my blood flowing (Blink 182, Coheed and Cambria, David Bowie, Queen, et, while I love singing along with musicals (my favorite ones are Hedwig, Wicked, Kinky Boots, Book of Mormon). There really isn't too much that I don't love. Also, 90's alternative rock is the best!

### **What genre of movies do you enjoy the most and why?**

I enjoy anything by Wes Anderson. I also am super into Star Wars and binge Netflix shows all the time.

### **What is your favorite book?**

I love Sci-Fi and fiction. My favorite series is the Harry Potter series. The last books I've read are Ready Player One and Armada (both by author Ernest Cline), and Atermis by Andy Weir. I'm currently reading Red Sparrow by Jason Mathews.

### **What are some of your favorite types of foods to eat?**

My favorite food is probably anything seafood related. I also enjoy Cajun cuisine (crawfish boils are the best). I also enjoy traditional American food (hamburger, fries, etc.)

### **What is your favorite sport?**

My favorite sport to play is tennis. I like to go and watch MLB baseball games in person, but find watching it on TV boring. I enjoy watching basketball on TV.

### **What is your favorite animal and why?**

My favorite animal is the peregrine falcon. These birds are some of the fastest in the world and it's awesome to see them fly. I think I admire this animal so much because their ferocity when it comes to hunting for prey.



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## **Donor Characteristic Questionnaire** (continued)

### **What is your favorite color?**

Yellow

### **Would you consider yourself a social butterfly or homebody and why?**

I have always been a natural listener than conversationalist, so I find hanging out with people fun. I love listening to their stories, so I like to be out around people when possible. However, I find it most relaxing being at home doing my own thing.

### **Do you have any fears/phobias?**

Like Indiana Jones..... I am deathly afraid of snakes. Side note, I used to collect tarantulas!

### **Do you have any pet peeves?**

When people give up on something they committed to. Once you commit to something, you should follow through. Also, please use your blinker when you're driving!

### **Describe one of your fondest memories.**

One of my fondest memories was when I went out to Chesapeake Bay as a kid (in Virginia). It was my first time fishing in salt water and I had a blast. I think I caught something like 20 fish in a span of a few hours, it was great! Later that day, we took the fish that we kept to a friend of the family who owned a Thai restaurant and they cooked us some fresh fish fried rice!

### **What would consist of your ideal vacation?**

I like to stay busy on my vacations. I think some people like to relax on their vacations, but I like to go out and do things. My ideal vacation would consist of me hiking in the at Pfeiffer Big Sur State Park. This way I could enjoy big rocks, giant sequoias, steep climbs, and the ocean all in a single day. I would then spend the rest of the day admiring the beach, walking and collecting sea shells, sea glass, and viewing the otters and whales.

### **What drives you? What are some of your goals or ambitions in life? Where do you see yourself in the next 10 years?**

In the next 10 years, I would like to own my own business. While I'm not sure what the company would be, it would like involve science and technology. I would love to have a growing family of my own and we would spend the weekends playing sports, traveling, or hanging out at playing board games. A major goal and ambition of mine is to be able to provide my family with anything they need. Having grown up in low side of the lower middle class, I remember as a kid wanting certain toys that my friends had. I want to be able to give my children the things I never had.





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## **Donor Essay**

### **Why did you decide to become a sperm donor?**

I decided to become a sperm donor because of my natural urge to help others in need. I initially learned about the need for sperm donors when a friend of mine and his wife used a sperm donor to conceive. Upon learning about their difficulties in pregnancy, I searched online and learned that there is sperm shortage on a global scale. Many single women, same-sex couples, and heterosexual couples need sperm in order to have children, so I figured if I had the sperm counts needed to become a donor, I would try to help others!

### **What do you think a friend would say if asked to describe the type of person you are?**

A friend of mine would likely describe me as being a quiet person, but really caring and endearing. They would say that though he is more of a listener than a talker, he will always speak up, especially to share his view on whatever subject. He helps others every chance he has and never asks for anything in return. He is a selfless person and will make sure his friends and family are taken care of.

### **If you could spend one day with any person from the past or present, who would it be and why?**

If I could spend the day with one person from the past or present, I would spend the day with Abraham Lincoln. I would make sure this day was in the past (when he was alive). I think his story is a great one. From growing up very poor in a small log cabin, to becoming the United States' 16th President. I would like to hear his stories, his philosophies, and talk to him about the future (our present). I've always wondered what the reaction would be to let someone from the past know about future technology, such as computers, spaceflight, artificial intelligence, advanced weaponry, self-driving cars, and show them a modern cellular phone. I think the reaction from such an important figure in the past would be a day well spent.

### **The most important thing you should know about me ...**

I am always trying to learn something new. Even in casual conversation, I make note of words I don't know and look them up later, then try to use those words in my own dialogs. Some of my favorite things to do for fun include playing tennis, playing guitar, fishing, and listening to music. My musical taste varies widely; my shuffled play-list will go though classic rock to R&B to Broadway musicals to country to classical to hardcore rock. I always try to find the best in people in all situations and am constantly putting myself in their shoes. I am a very empathetic person. I think one of the most calming things a person can do is mow the lawn. I will just put on my headphones and mow, even when the grass doesn't need it. It allows a person to think while being outdoors and accomplishing a task. Lastly, I think one of the most important things you should know about me is that I truly hope that you can find happiness and success in your endeavor of having a child. I know this is one of the most critical things anyone can set their minds to, so I wish you the best in your future!

## Donor History of Health

**How would you rate your vision (without use of corrective lenses)?**

Excellent       Average       Fair       Poor

**Do you require use of corrective lenses?**

No       Yes

**If yes, are you:**

Nearsighted       Farsighted       Other: \_\_\_\_\_

**Have you undergone corrective eye surgery?**

No       Yes

**How would you rate your hearing?**

Excellent       Average       Fair       Poor

**Do you have any hearing impairments?**

No       Yes

**Do you require use of a hearing aid?**

No       Yes

**How would you rate your teeth health?**

Excellent       Good       Fair       Poor

**Do you have any allergies?**

No       Yes

**If yes, type of allergy:**

Food       Dust       Drug       Pet  
 Mold       Sinus       Latex       Chemical  
 Insect/Sting       Other(s): \_\_\_\_\_

**Allergic Reactions:**

Type: Dust/Sinus      Reaction: Grass, dust, and pollen cause red eyes, sneezing  
Type: \_\_\_\_\_      Reaction: \_\_\_\_\_



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### Donor History of Health (continued)

**How often do you exercise?**

Frequently     Periodically     Infrequently     Never

**Do you have any dietary or nutritional restrictions?**

No     Yes

**If yes, please explain:**

**Do you use dietary supplements (vitamins, herbals, botanicals, etc.)?**

No     Yes

**Have you ever had surgery?**

No     Yes

**If yes, please explain:**

Surgery Type: _____	Year: _____
Surgery Type: _____	Year: _____
Surgery Type: _____	Year: _____
Surgery Type: _____	Year: _____
Surgery Type: _____	Year: _____

**Have you had any other hospitalizations?**

No     Yes

**If yes, please explain:**

Hospitalization Reason: _____	Year: _____
Hospitalization Reason: _____	Year: _____
Hospitalization Reason: _____	Year: _____
Hospitalization Reason: _____	Year: _____



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### Donor History of Health (continued)

Are you currently taking any prescribed or non-prescribed medications?

No  Yes

If yes, please explain:

Drug Name Allegra Drug Type Antihistamine  
For Treatment of Seasonal Allergies Date Started: 03/2010 Date Ended: Present

Drug Name \_\_\_\_\_ Drug Type \_\_\_\_\_  
For Treatment of \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Drug Name \_\_\_\_\_ Drug Type \_\_\_\_\_  
For Treatment of \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Drug Name \_\_\_\_\_ Drug Type \_\_\_\_\_  
For Treatment of \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

On average, how many alcoholic beverages do you consume weekly? 1

Do you have, or have you had a drinking problem?

No  Yes

If yes, please explain:

Do you smoke tobacco?

No  Yes

If yes, how long have you been using tobacco? \_\_\_\_\_ Years \_\_\_\_\_ Months

If yes, on average how many packs of cigarettes do you smoke per day? \_\_\_\_\_

## Donor History of Health (continued)

**Have you ever been exposed to an abnormal amount of herbicides or other toxic chemicals?**

No  Yes

**If yes, please explain:**

**Have you ever been exposed to an abnormal amount of x-ray or other radiation exposures?**

No  Yes

**If yes, please explain:**

**Have you ever served in the military?**

No  Yes

**If yes, please list branch, occupation(s), and years served:**

U.S. Army / Military Intelligence: Signals / 4 Years

**Have you ever been treated for any chronic medical problems, conditions, or illnesses?**

No  Yes

**If yes, please explain:**

**Have you ever been treated for any sexually transmissible disease?**

No  Yes

**If yes, please explain:**

Type: \_\_\_\_\_ When: \_\_\_\_\_ Date last treated: \_\_\_\_\_

Details: \_\_\_\_\_

Type: \_\_\_\_\_ When: \_\_\_\_\_ Date last treated: \_\_\_\_\_

Details: \_\_\_\_\_



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### Donor History of Fertility

Do you have any biological children?  No  Yes

If yes, number of male children? 0

If yes, number of female children? 1

Have you been refused as a blood/plasma donor?  No  Yes

If yes, please explain: \_\_\_\_\_

Do you have a history of multiples (twins, triplets, etc.) in your family?  No  Yes

If yes, please explain: \_\_\_\_\_

#### For individual children, please list their age and any health conditions.

Age 3 Sex F Health Conditions None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Health Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Health Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Health Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Health Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Donor Genetic Screening

The donor was screened for over 175 conditions that may be passed on to children born through use of his sperm specimens. While some diseases can be treated, such as Phenylketonuria and Wilson disease, others like cystic fibrosis and Bloom syndrome require lifelong management, while some like spinal muscular atrophy and Canavan disease have no treatments.

It's also important to know just because a donor may be a carrier for a certain condition, it does not mean any children born through use of that donor's sperm specimens will have the disease. Both parents will have to be carriers for the same disease, and even then, there is a still only a minimal chance the child born will be affected. For example, cystic fibrosis is an autosomal recessive disease caused by mutations in the gene CFTR. If both parents are carriers, there is a 25% chance that the child will inherit both mutated genes from each parent, and be affected. There is a 50% chance the child will inherit one normal copy and one mutated copy of the gene, which results in the child being a carrier, but not affected. Lastly, there is a 25% chance the child will inherit both normal copies of the gene, and not be affected nor be a carrier at all.

Additionally, the genetic screening conducted is not able to detect all carriers, and the chance that the donor being a carrier can never be entirely eliminated. Nevertheless, results showing a negative carrier screen do drastically reduce the chances that a donor is a carrier. **This donor was found to have Normal male karyotype.**

We also offer the genetic screening to you, the client, at an additional cost. This test is highly recommended to be completed if there is a chance you might also be a carrier. Please remember to review all this information with your physician as this is for informational purposes only.

### Donor was found to be a positive carrier for:

**Condition 1:** Primary Hyperoxaluria Type 3

Inheritance: Autosomal Recessive Gene: HOGA1

Reproductive Risk: 1 in 520 Risk Before Testing: 1 in 4,200

**Condition 2:** N/A

Inheritance: \_\_\_\_\_ Gene: \_\_\_\_\_

Reproductive Risk: \_\_\_\_\_ Risk Before Testing: \_\_\_\_\_

**Condition 3:** N/A

Inheritance: \_\_\_\_\_ Gene: \_\_\_\_\_

Reproductive Risk: \_\_\_\_\_ Risk Before Testing: \_\_\_\_\_

**Condition 4:** N/A

Inheritance: \_\_\_\_\_ Gene: \_\_\_\_\_

Reproductive Risk: \_\_\_\_\_ Risk Before Testing: \_\_\_\_\_

## Donor Genetic Screening (continued)

### Donor was found to be a negative carrier for:

- 11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia
- 21-hydroxylase-deficient Congenital Adrenal Hyperplasia
- 6-pyruvoyl-tetrahydropterin Synthase Deficiency
- ABCC8-related Hyperinsulinism
- Adenosine Deaminase Deficiency
- Alpha Thalassemia
- Alpha-mannosidosis
- Alpha-sarcoglycanopathy
- Alstrom Syndrome
- AMT-related Glycine Encephalopathy
- Andermann Syndrome
- Argininemia
- Argininosuccinic Aciduria
- ARSACS
- Aspartylglycosaminuria
- Ataxia with Vitamin E Deficiency
- Ataxia-telangiectasia
- ATP7A-related Disorders
- Autosomal Recessive Osteopetrosis Type 1
- Bardet-Biedl Syndrome, BBS1-related
- Bardet-Biedl Syndrome, BBS10-related
- Bardet-Biedl Syndrome, BBS12-related
- Bardet-Biedl Syndrome, BBS2-related
- Beta-sarcoglycanopathy
- Biotinidase Deficiency
- Bloom Syndrome
- Calpainopathy
- Canavan Disease
- Carbamoylphosphate Synthetase I Deficiency
- Carnitine Palmitoyltransferase IA Deficiency
- Carnitine Palmitoyltransferase II Deficiency
- Cartilage-hair Hypoplasia
- Cerebrotendinous Xanthomatosis
- Citrullinemia Type 1
- CLN3-related Neuronal Ceroid Lipofuscinosis
- CLN5-related Neuronal Ceroid Lipofuscinosis
- CLN6-related Neuronal Ceroid Lipofuscinosis
- Cohen Syndrome
- COL4A3-related Alport Syndrome
- COL4A4-related Alport Syndrome
- Congenital Disorder of Glycosylation Type Ia
- Congenital Disorder of Glycosylation Type Ib
- Congenital Disorder of Glycosylation Type Ic
- Congenital Finnish Nephrosis
- Costeff Optic Atrophy Syndrome
- Cystic Fibrosis
- Cystinosis
- D-bifunctional Protein Deficiency
- Delta-sarcoglycanopathy
- Dysferlinopathy
- Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)
- ERCC6-related Disorders
- ERCC8-related Disorders
- EVC-related Ellis-van Creveld Syndrome
- EVC2-related Ellis-van Creveld Syndrome
- Fabry Disease
- Familial Dysautonomia
- Familial Mediterranean Fever
- Fanconi Anemia Complementation Group A
- Fanconi Anemia Type C
- FKR1P-related Disorders
- FKTN-related Disorders
- Fragile X Syndrome
- Galactokinase Deficiency
- Galactosemia
- Gamma-sarcoglycanopathy
- Gaucher Disease
- GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness
- GLB1-related Disorders
- GLDC-related Glycine Encephalopathy
- Glutaric Acidemia Type 1
- Glycogen Storage Disease Type Ia
- Glycogen Storage Disease Type Ib
- Glycogen Storage Disease Type III
- GNPTAB-related Disorders
- GRACILE Syndrome
- HADHA-related Disorders
- Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)
- Hereditary Fructose Intolerance
- Herlitz Junctional Epidermolysis Bullosa, LAMA3-related
- Herlitz Junctional Epidermolysis Bullosa, LAMB3-related
- Herlitz Junctional Epidermolysis Bullosa, LAMC2-related
- Hexosaminidase A Deficiency (Including Tay-Sachs Disease)
- HMG-CoA Lyase Deficiency
- Holocarboxylase Synthetase Deficiency
- Homocystinuria Caused by Cystathionine Beta-synthase Deficiency
- Hydrolethals Syndrome
- Hypophosphatasia, Autosomal Recessive
- Inclusion Body Myopathy 2
- Isovaleric Acidemia
- Joubert Syndrome 2
- KCNJ11-related Familial Hyperinsulinism
- Krabbe Disease
- LAMA2-related Muscular Dystrophy
- Leigh Syndrome, French-Canadian Type



## Donor Genetic Screening (continued)

### Donor was found to be a negative carrier for:

- Lipoamide Dehydrogenase Deficiency
- Lipoid Congenital Adrenal Hyperplasia
- Lysosomal Acid Lipase Deficiency
- Maple Syrup Urine Disease Type 1B
- Maple Syrup Urine Disease Type Ia
- Maple Syrup Urine Disease Type II
- Medium Chain Acyl-CoA Dehydrogenase Deficiency
- Megalencephalic Leukoencephalopathy with Subcortical Cysts
- Metachromatic Leukodystrophy
- Methylmalonic Acidemia, cblA Type
- Methylmalonic Acidemia, cblB Type
- Methylmalonic Aciduria and Homocystinuria, cblC Type
- MKS1-related Disorders
- Mucopolipidosis III Gamma
- Mucopolipidosis IV
- Mucopolysaccharidosis Type I
- Mucopolysaccharidosis Type II
- Mucopolysaccharidosis Type IIIA
- Mucopolysaccharidosis Type IIIB
- Mucopolysaccharidosis Type IIIC
- Muscle-eye-brain Disease
- MUT-related Methylmalonic Acidemia
- MYO7A-related Disorders
- NEB-related Nematine Myopathy
- Niemann-Pick Disease Type C
- Niemann-Pick Disease Type C2
- Niemann-Pick Disease, SMPD1-associated
- Nijmegen Breakage Syndrome
- Northern Epilepsy
- Ornithine Transcarbamylase Deficiency
- PCCA-related Propionic Acidemia
- PCCB-related Propionic Acidemia
- PCDH15-related Disorders
- Pendred Syndrome
- Peroxisome Biogenesis Disorder Type 3
- Peroxisome Biogenesis Disorder Type 4
- Peroxisome Biogenesis Disorder Type 5
- Peroxisome Biogenesis Disorder Type 6
- PEX1-related Zellweger Syndrome Spectrum
- Phenylalanine Hydroxylase Deficiency
- PKHD1-related Autosomal Recessive Polycystic Kidney Disease
- Polyglandular Autoimmune Syndrome Type 1
- Pompe Disease
- PPT1-related Neuronal Ceroid Lipofuscinosis
- Primary Carnitine Deficiency
- Primary Hyperoxaluria Type 1
- Primary Hyperoxaluria Type 2
- PROP1-related Combined Pituitary Hormone Deficiency
- Pycnodysostosis
- Pyruvate Carboxylase Deficiency
- Rhizomelic Chondrodysplasia Punctata Type 1
- RTEL1-related Disorders
- Salla Disease
- Sandhoff Disease
- Segawa Syndrome
- Short Chain Acyl-CoA Dehydrogenase Deficiency
- Sjogren-Larsson Syndrome
- Smith-Lemli-Opitz Syndrome
- Spastic Paraplegia Type 15
- Spinal Muscular Atrophy
- Spondylothoracic Dysostosis
- Steroid-resistant Nephrotic Syndrome
- Sulfate Transporter-related Osteochondrodysplasia
- TGM1-related Autosomal Recessive Congenital Ichthyosis
- TPP1-related Neuronal Ceroid Lipofuscinosis
- Tyrosinemia Type I
- Tyrosinemia Type II
- USH1C-related Disorders
- USH2A-related Disorders
- Usher Syndrome Type 3
- Very Long Chain Acyl-CoA Dehydrogenase Deficiency
- Wilson Disease
- X-linked Adrenoleukodystrophy
- X-linked Alport Syndrome
- X-linked Congenital Adrenal Hypoplasia
- X-linked Juvenile Retinoschisis
- X-linked Myotubular Myopathy
- X-linked Severe Combined Immunodeficiency
- Xeroderma Pigmentosum Group A
- Xeroderma Pigmentosum Group C

## Donor Family Medical Questionnaire

Please take time to carefully fill this out. If you mark “yes” to any question follow up with whether it was on your Paternal (fathers’ side) or Maternal (mothers’ side), as well as who it was (i.e. Aunt, uncle, grandmother, grandfather, etc. If it is yourself then indicate as so), followed by the approximate age of the relative. We thank you for taking time to complete this accurately.

<b>Cancer</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Breast	✓					
Liver	✓					
Lung	✓					
Lymphoma	✓					
Melanoma	✓					
Ovarian	✓					
Pancreatic	✓					
Prostate	✓					
Testicular	✓					
Thyroid	✓					
Tumor	✓					
<b>Autoimmune Disease</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Hashimoto’s Thyroiditis	✓					
Limited Scleroderma	✓					
Lupus	✓					
Psoriasis	✓					
Psoriatic Arthritis	✓					
Rheumatoid Arthritis	✓					
Sjogren’s Syndrome	✓					
<b>Gastrointestinal Disorders</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Crohn’s Disease	✓					
Diverticulitis	✓					
Gallstones	✓					
Hemochromatosis	✓					
Hepatitis	✓					
Other GI disorders	✓					
Pyloric Stenosis	✓					
Ulcerative Colitis	✓					
Ulcers	✓					
<b>Skin Disorders</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Albinism	✓					
Eczema	✓					
Psoriasis	✓					
Skin Disease		✓	Grandmother	✓		55
Skin Pigmentation Disorders	✓					

### Comments:

Due to being in the sun without the use of sun-screen.

## Donor Family Medical Questionnaire (continued)

Neurological Conditions	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Alzheimer's Disease	✓					
Autism or Asperger's	✓					
Canavan's Disease	✓					
Cerebral Palsy	✓					
Creutzfeldt-Jakob Disease (CJD)	✓					
Dyslexia	✓					
Epilepsy	✓					
Familial Dysautonomia	✓					
Guillain-Barre Syndrome	✓					
Huntington's Disease (HD)	✓					
JC Virus	✓					
Lou Gehrig's Disease	✓					
Migraine Headaches	✓					
Mucopolidosis Type IV	✓					
Multiple Sclerosis	✓					
Neiman-Pick	✓					
Neural Tube Defects	✓					
Neurofibromatosis Type 1 and 2	✓					
Nyhan Syndrome (LNS)	✓					
Parkinson's Disease	✓					
Prion Disease	✓					
Spinal Cord Disorders	✓					
Subacute Sclerosing Panencephalitis	✓					
Tourette Syndrome	✓					
Mental Health Disorders	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Anxiety Disorder	✓					
Attention-deficit/Hyperactivity Disorder	✓					
Bipolar Disorder	✓					
Clinical Depression	✓					
Dementia	✓					
Mental Retardation	✓					
Obsessive Compulsive Disorder (OCD)	✓					
Post-Traumatic Stress Disorder (PTSD)	✓					
Schizophrenia	✓					

Comments:

## Donor Family Medical Questionnaire (continued)

<b>Blood Diseases</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Anemia	✓					
Fanconi Anemia	✓					
Hemophilia	✓					
Leukemia	✓					
Sepsis	✓					
Sickle Cell	✓					
Thalassemia	✓					
Von Willebrand Disease (vWd)	✓					
<b>Musculoskeletal Disorders</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Arthritis		✓	Father		✓	51
Congenital Hip Dysplasia	✓					
Dwarfism (Achondroplasia)	✓					
Gout	✓					
Marfan Syndrome	✓					
Muscular Dystrophy	✓					
Osteoarthritis	✓					
Osteoporosis	✓					
Scoliosis	✓					
Spinal Muscular Atrophy (SMA)	✓					
<b>Hearing/Seeing/Smelling</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Anosmia (no sense of smell)	✓					
Blindness	✓					
Cataracts	✓					
Color Blindness	✓					
Deafness	✓					
Deformed Ear	✓					
Early Onset Deafness (<50 years of age)	✓					
Glaucoma	✓					
Macular Degeneration	✓					
Other (Sound/Smell/Sight) Disorders	✓					
Retinoblastoma	✓					
<b>Metabolic/Endocrine Disorders</b>	NO	YES	If So, Whom?	Maternal Side	Paternal Side	Onset Age?
Diabetes (Insulin)	✓					
Diabetes (Non-Insulin)	✓					
Galactosemia	✓					
Goiter	✓					
Hypoglycemia (Low Blood Glucose)	✓					
Maple Syrup Disease	✓					
Phenylketonuria (PKU)	✓					
Tay Sachs Disease	✓					
Thyroid Disease	✓					

Comments:

Arthritis in his hands.

## Donor Family Medical Questionnaire (continued)

<b>Respiratory Disorders</b>	<b>NO</b>	<b>YES</b>	<b>If So, Whom?</b>	<b>Maternal Side</b>	<b>Paternal Side</b>	<b>Onset Age?</b>
Asthma	✓					
Drug Allergies	✓					
Food Allergies	✓					
Hay Fever	✓					
Insect Allergies	✓					
SARS	✓					
Tuberculosis	✓					
Any other allergies?		✓	Myself	✓	✓	10
<b>Cardiovascular Diseases</b>	<b>NO</b>	<b>YES</b>	<b>If So, Whom?</b>	<b>Maternal Side</b>	<b>Paternal Side</b>	<b>Onset Age?</b>
Arrhythmia	✓					
Cardiac Arrest	✓					
Congenital Heart Disease	✓					
Congestive Heart Failure	✓					
Coronary Artery Disease	✓					
High Blood Pressure	✓					
Peripheral Artery Disease	✓					
Stroke	✓					
<b>Kidney Disorders</b>	<b>NO</b>	<b>YES</b>	<b>If So, Whom?</b>	<b>Maternal Side</b>	<b>Paternal Side</b>	<b>Onset Age?</b>
1 Kidney at Birth	✓					
Adrenal Hyperplasia	✓					
Any Other Kidney Diseases/Malfunctions	✓					
Chronic Kidney Disease	✓					
Kidney Disease of Urinary Tract	✓					
Polycystic Kidney Disease	✓					
Progressive Kidney Disease	✓					
<b>Other Conditions or Disorders</b>	<b>NO</b>	<b>YES</b>	<b>If So, Whom?</b>	<b>Maternal Side</b>	<b>Paternal Side</b>	<b>Onset Age?</b>
Alcoholism	✓					
Cystic Fibrosis	✓					
Down Syndrome	✓					
Drug Abuse	✓					
Early Death	✓					
Noonan/turner Syndrome	✓					
West Nile Virus	✓					
Zika Virus	✓					

Please use this section to go into details about any other family medical conditions and to elaborate further on any conditions listed above:

Same allergies (dust/grass/seasonal) as listed previously.

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** Mother **Year of Birth:** 1959

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** 5 , 6 " **Weight (approx.):** 140 lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** Homemaker

**Major Health Issues?** None

**Any half siblings?** Yes; 3

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

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**Family Member:** Father **Year of Birth:** 1955

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** 5 , 10 " **Weight (approx.):** 180 lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** Office admin

**Major Health Issues?** None

**Any half siblings?** None

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** Paternal Grandmother **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_



## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** Paternal Grandfather **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** Maternal Grandmother **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** Maternal Grandfather **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

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**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_



## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

**Major Health Issues?** \_\_\_\_\_

**Any half siblings?** \_\_\_\_\_

**Additional Comments about this family member:** \_\_\_\_\_

## Donor Family History

For this section you must complete all sections associated for each of your family members. If information for a section is unknown, please find additional information from a family member. If still the information is not available, mark as 'unknown'. If additional pages are needed, please let a CA staff member know and more pages can be added. Please keep in mind that this is for immediate blood-related family members only (mother, father, brothers, sisters, aunts, uncles, and grandparents).

**Family Member:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Currently living?**  No  Yes  Unknown

**Natural Hair Color:**

Black  Light Brown  Brown  Dark Brown  
 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

Black  Brown  Blue  
 Hazel  Green  Gray

**Corrective Lenses?**  No  Yes

**Height (approx.):** \_\_\_\_\_' \_\_\_\_\_" **Weight (approx.):** \_\_\_\_\_lbs.

**Skin Complexion:**

Light  Fair  Medium  
 Olive  Tan Brown  Black Brown

**Education:**

Other/HS  Undergraduate  Graduate  Professional

**Occupation:** \_\_\_\_\_

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 Red  Blond  Ash Blond  Strawberry Blond

**Hair Volume:**

Balding  Thin  Average  Thick

**Eye Color:**

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**Corrective Lenses?**  No  Yes

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