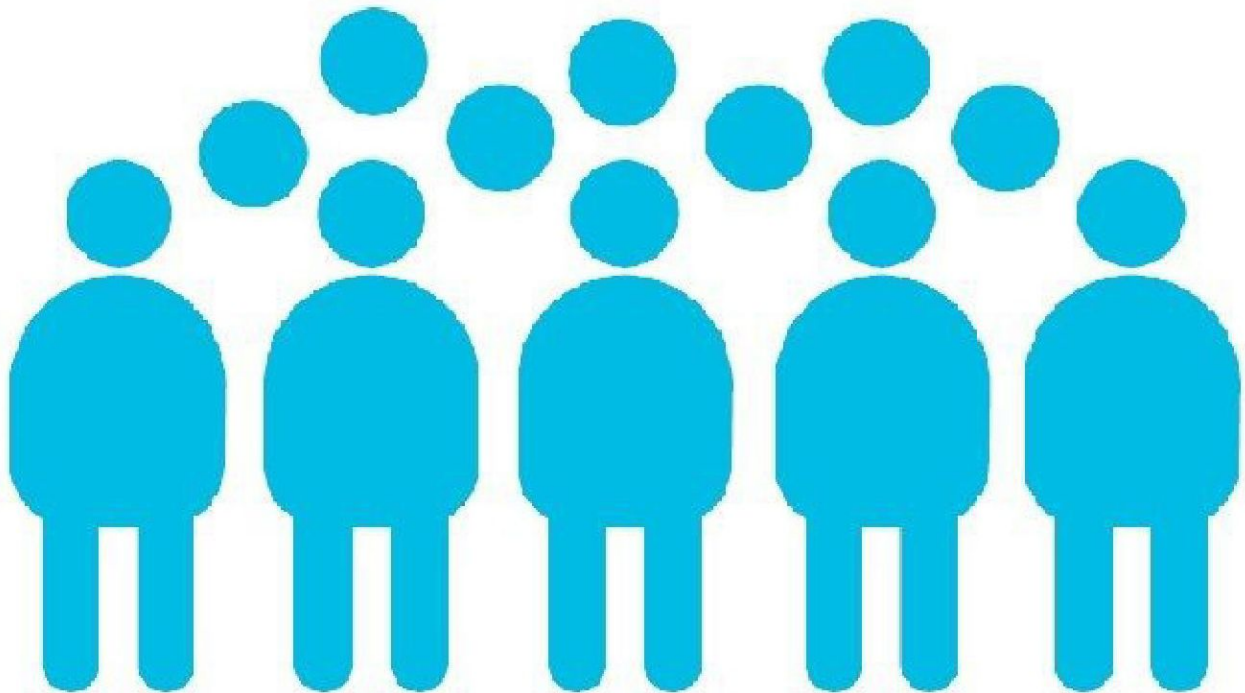


Extended Profile

Catalogue # 1679

London
Sperm
Bank



| | Donor | Mother | Father | Sister/s | Brother/s | MGM | MGF | PGM | PGF | Aunt/s (Maternal) | Uncle/s (Maternal) | Cousin/s (Maternal) | Aunt (Paternal) | Uncle (Paternal) | Cousin/s (Paternal) | None in Family | |
|---------------------------------|-------|--------|--------|----------|-----------|-----|-----|-----|-----|-------------------|--------------------|---------------------|-----------------|------------------|---------------------|----------------|---|
| Congenital Malformations | | | | | | | | | | | | | | | | | |
| Cleft Lip | | | | | | | | | | | | | | | | | X |
| Cleft Palate | | | | | | | | | | | | | | | | | X |
| Club Foot | | | | | | | | | | | | | | | | | X |
| Congenital Hip Dislocation | | | | | | | | | | | | | | | | | X |
| Spina Bifida | | | | | | | | | | | | | | | | | X |
| Undescended Testicles | | | | | | | | | | | | | | | | | X |
| Malformations (Other) | | | | | | | | | | | | | | | | | X |

Gastro-Intestinal Diseases

| | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Galls Stones | | | | | | | | | | | | | | | | | X |
| Hepatitis A | | | | | | | | | | | | | | | | | X |
| Hepatitis B | | | | | | | | | | | | | | | | | X |
| Ulcer of Stomach or Duodenum | | | | | | | | | | | | | | | | | X |
| Other liver Disease | | | | | | | | | | | | | | | | | X |
| Colitis | | | | | | | | | | | | | | | | | X |
| Cystic Fibrosis | | | | | | | | | | | | | | | | | X |

Genital/ Reproductive System

| | | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Uterine Fibroids | | | | | | | | | | | | | | | | | X |
| Ovarian Cysts | | | | | | | | | | | | | | | | | X |
| Goitre | | | | | | | | | | | | | | | | | X |
| Other | | | | | | | | | | | | | | | | | X |

Mental Health

| | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Depression | | | | | | | | | | | | | | | | | X |
| Bipolar | | | | | | | | | | | | | | | | | X |
| Schizophrenia/Psychosis | | | | | | | | | | | | | | | | | X |
| Mental Retardation | | | | | | | | | | | | | | | | | X |
| Obsessive-Compulsive Disorder | | | | | | | | | | | | | | | | | X |

Metabolic/ Endocrine Disease

| | | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Type 1 Diabetes | | | | | | | | | | | | | | | | | X |
| Type 2 Diabetes | | | | | | | | | | | | | | | | | X |
| Hypoglycaemia | | | | | | | | | | | | | | | | | X |
| Tay Sachs | | | | | | | | | | | | | | | | | X |
| Thyroid Disorder | | | | | | | | | | | | | | | | | X |

Comments: (Please use this space to state age of onset if you or any member of your family suffers from any condition/s mentioned above)

No medical history declared

Donor Number: 1679

