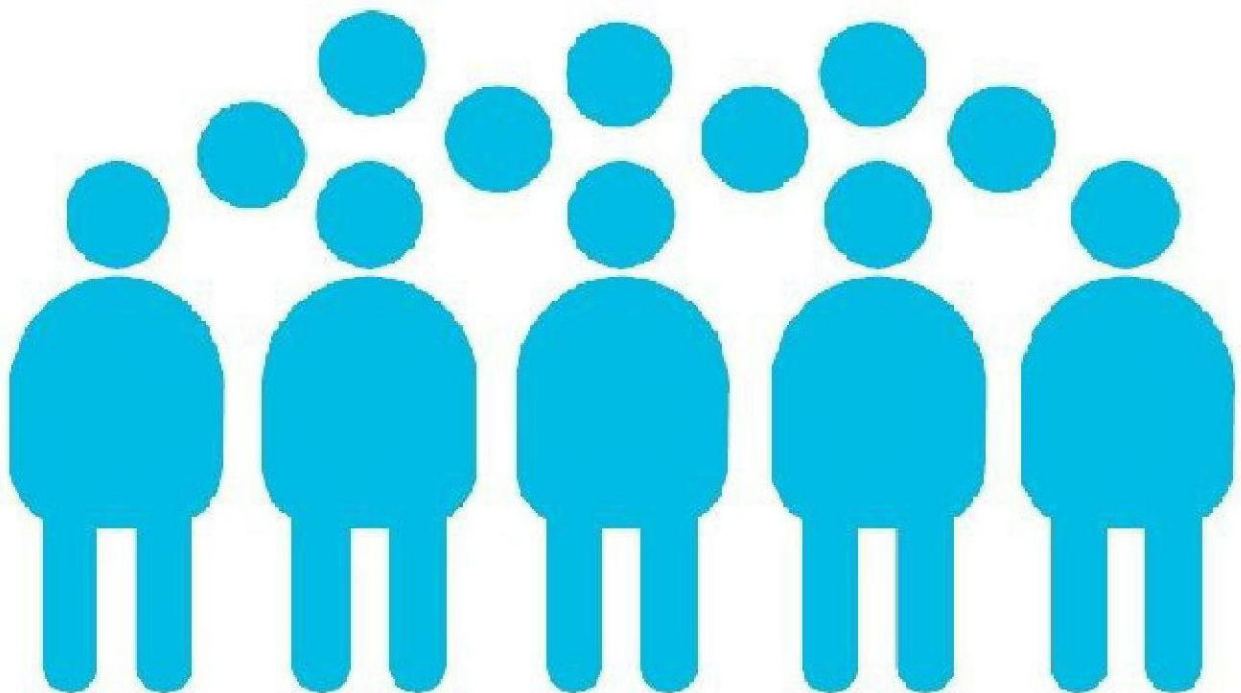


Extended Profile

Catalogue # 1728

London
Sperm
Bank



Donor Family Medical History (mark with X if none in family)

	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
Blood Diseases																
Anaemia																X
Haemophilia																X
Haemoglobin Disease																X
Sickle Cell																X
Immune Deficiency																X
Thalassemia																X
Malaria																X
Cancer																
Breast																X
Ovarian																X
Prostate																X
Lung																X
Skin																X
Colon																X
Thyroid																X
Leukaemia																X
Other																X
Tumour																X
Cardio Vascular Diseases																
Stroke																X
Heart Attack																X
Coronary Heart Disease														X		
High Blood Pressure - Hypertension																X
High Cholesterol/Triglycerides																X
Arteriosclerosis																X
Atherosclerosis																X
Hereditary Hypercholesterolemia																X
Congenital Heart Malformation																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)

Paternal Uncle - Coronary Heart Disease (50, COD)

Donor Number:

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
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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

Gall 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)

Donor Number:

	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
	Muscular/ Bones/ Joint Disease															

Gout																X
Arthritis																X
Achondroplasia (Dwarfism)																X
Deformity of the Vertebral Column																X
Osteoporosis																X
Muscular Dystrophy																X
Other																X

Neurological Diseases

ADD or ADHD																X
Autism/Asperger's																X
Cerebral Palsy																X
Disorders of the Spinal Cord																X
Dyslexia/ Other Learning Difficulties																X
Neural Nerve Disease																X
Hydrocephalus																X
Alzheimer's																X
Motor Nerve Disease																X
Epilepsy																X
Huntington's Disease																X
Multiple Sclerosis																X
Neural Tube Defect																X
Parkinson's Disease																X
Delay in Growth & Development																X
Tourette Syndrome																X

Skin

Albinism																X
Acne																X
Pigmentation Disorders																X
Eczema																X
Psoriasis																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)

Donor Number:

	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
Allergies and Respiratory Diseases																
Allergies (Medication)																X
Allergies (Food)																X
Allergies (Hay Fever)	X															
Allergies (Insect)																X
Allergies (Other)																X
Allergies (Pet)																X
Emphysema									X							
Tuberculosis																X
Pneumonia																X
Asthma																X
Sight/ Sound/ Smell																
Deafness																X
Deafness (Before age 50)																X
Other Hearing Anomalies																X
Eyeight (Blindness)																X
Eyesight (Colour Blindness)																X
Eyesight (Glaucoma)																X
Cataracs before age 50																X
Other sight, sound, smell disorder																X
Urinary																
Kidney Disease																X
Polycystic Kidneys																X
Disease of the Urinary Tract (Urethra, Bladder & Ureter)																X
Other																X
Other																
Alcoholism																X
Drug Abuse																X
Chromosomal Abnormalities																X
Down Syndrome																X
Any other conditions not listed or premature deaths due to illness?																
																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)

Donor - Hayfever (14)
Paternal Grandfather - Emphysema (53, COD)

Donor Number: _____