

Donor 4576

Medical Profile



Fairfax
Cryobank
The Trusted Choice in Donor Sperm



QUESTIONS

Personal Behavior History

Donor Genetic History

Donor Medical History

Family Medical History



PERSONAL BEHAVIOR HISTORY

QUESTION	RESPONSE
Current alcohol use: If yes, oz./week and type of alcohol:	Never
Do you or any of your relatives have a history of alcoholism or alcohol abuse? If yes, relation and age affected:	No
Tobacco use: Do you smoke? If yes, #/day and for how long:	No
If you did smoke but quit, when did you last smoke?	N/A
For how many years?	0
Do you sleep well?	Yes
Do you exercise on regular basis?	Yes
Is your diet well balanced? If no, explain:	Yes
Are you a vegetarian?	No
Any dietary restrictions? If yes, explain:	No



SEXUAL HISTORY



HAVE YOU EVER HAD SEX WITH:

QUESTION	RESPONSE
A partner whose sexual background you are	

unsure of in the past 12 months?	No
Another man anal or oral, even once, since 1977?	No

▼ DONOR GENETIC HISTORY

QUESTION	RESPONSE
Were you or any family members born with any birth defects? If yes, explain:	No
Have you been tested for Cystic Fibrosis? If yes, the result:	Yes - Non-carrier for at least 97 mutations
Karyotype? If yes, the result:	Yes - Normal karyotype
Spinal Muscular Atrophy (SMA)? If yes, the result:	Non Carrier - Standard donor screening
Tay Sachs? If yes, the result:	Non Carrier - Standard donor screening

☐ ANCESTRY

QUESTION	RESPONSE
Are you of Jewish ancestry? If yes, please note: Ashkenazi, Sephardi, or Other	No

☐ IF YOU ARE OF JEWISH ANCESTRY, HAVE YOU BEEN TESTED AS A CARRIER OF ANY OF THE FOLLOWING DISEASES?

QUESTION	RESPONSE
Tay Sachs: If yes, result(s):	N/A
Gaucher: If yes, result(s):	N/A
Canavan: If yes, result(s):	N/A
Fanconi Anemia Type C: If yes, result(s):	N/A
Niemann-Pick Type A: If yes, result(s):	N/A
Bloom Syndrome If yes, result(s):	N/A
Familial Dysautonomia If yes, result(s):	N/A
Mucopolipidosis IV	N/A

If yes, result(s):	
Maple Syrup Urine Disease 1B If yes, result(s):	N/A
Usher Syndrome III & 1F If yes, result(s):	N/A
Glycogen Storage Disease 1A If yes, result(s):	N/A
ABCC8-Related Hyperinsulinism If yes, result(s):	N/A
BRCA1/BRCA2 If yes, result(s):	N/A
Lipoamide Dehydrogenase Deficiency If yes, result(s):	N/A



ANCESTRY

QUESTION	RESPONSE
Are you of African ancestry?	No
If yes, have you been tested as a carrier of sickle cell anemia or hemoglobin C?	Yes - Standard donor screening
If yes, result:	Non Carrier
Are you of Mediterranean, Greek or Italian ancestry?	No
If yes, have you been tested as a carrier of beta thalassemia?	Yes - Standard donor screening
If yes, result:	Non Carrier



HAVE YOU OR ANY MEMBER OF YOUR FAMILY HAD, CURRENTLY HAVE OR BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS? IF YES, PLEASE LIST THE AFFECTED INDIVIDUAL(S), MOTHER OR FATHER'S SIDE, AGE AT ONSET, TREATMENT AND ANY OTHER PERTINENT INFORMATION.

Heart attack	None
Congenital heart disease	None
Hemophilia/bleeding problem	None
Emphysema	None
Cystic Fibrosis	None
Alpha-1 Antitrypsin Deficiency	None
Pyloric stenosis	None
Colon cancer	None
Inflammatory bowel disease	None
Irritable Bowel Syndrome	None
Diabetes mellitus requiring insulin therapy	None

Diabetes mellitus not requiring insulin therapy	None
PKU or inherited metabolism disorder	None
Progressive kidney disease	None
Polycystic kidney disease	None
Miscarriages or stillborn	None
Herpes simplex virus, genital	None
Migraines	None
Mental retardation	None
Senility or mental deterioration before age 60	None
Epilepsy/seizures	None
Neural tube defects - open spine or hydrocephalus/water on the brain	None
Huntington's disease	None
Tuberous sclerosis	None
Neurofibromatosis	None
Parkinson's disease	None
Down Syndrome	None
Autism	None
Autism Spectrum Disorder	None
Pervasive Developmental Delay (PDD)	None
Asperger's Syndrome	None
Schizophrenia	None
Bipolar (manic depressive psychosis)	None
Attention Deficit Disorder (ADD)	None
Attention Deficit Hyperactivity Disorder (ADHD)	None
Muscular Dystrophy	None
Loss of muscle coordination	None
Rheumatoid Arthritis	None
Reiter's Disease	None
Club foot	None
Deafness before age of 60	None
Cataracts before age of 60	None
Blindness in both eyes before age of 60	None
Glaucoma	None
Macular Degeneration	None
Acne	None

Psoriasis	None
Albinism	None
More than 5 purple or coffee-colored spots on the skin-1.5 cm (1/2 inch) or larger	None
Drug abuse, misuse, or addiction	None
Cleft palate or cleft lip	None
Serious birth defects	None
Inguinal hernia	None
Premature degeneration of any organ system	None
The same cancer in more than one family member	None

DONOR MEDICAL HISTORY

QUESTION	RESPONSE
List any operations: Age & reason:	Wisdom teeth extraction surgery, age 19
Hospitalization other than surgery: Age & type of illness:	None
Have you ever had any broken bones? If yes, please give age and description:	Yes - Two knuckles on right hand, age 15, injured in a fight
Have you ever had any serious illnesses? If yes, please give age and description:	No
How many days in the past 12 months could you not work because of all illness (colds, flu, accidents, surgery, etc)? Please describe:	0
Are you presently under a physician's care for any reason? If yes, please describe:	No
List all drugs you have taken in past 12 months (prescription, nonprescription, herbal, and sports supplements, and recreational). Include drug, frequency and duration taken, and reason:	Ibuprofen taken occasionally for mild headache
List all current medication or treatments (include vitamins, aspirin, antacids, laxatives, herbal, sports supplements, etc.) Include drug, frequency and duration taken, and reason:	None
Do you wear glasses or contact lenses? Are you near or far-sighted?	No
Usual weight?	207
Recent loss or gain? # of lbs and reason:	No
Allergies (medicines, food, pollens)?	

If yes, please list substance and reaction caused:	No
Have you been tested for HIV (AIDS)? If yes, when:	Yes - Negative, ongoing donor screening
Sexual orientation:	Heterosexual
Number of current sexual partners:	1
Have you ever had a tattoo? If yes, what year did you get the tattoo?	No
Have you ever had your ear(s) or body pierced? If yes, where and what year?	No

▼ FAMILY MEDICAL HISTORY

☐ YOUR MOTHER

QUESTION	RESPONSE	COMMENT / AGE AFFECTED
Current age or age at death	55	
Health Problem	Healthy	
Living / Dead	Living	

☐ YOUR FATHER

QUESTION	RESPONSE	COMMENT / AGE AFFECTED
Current age or age at death	57	
Health Problem	Healthy	
Living / Dead	Living	

☐ BROTHERS

└ ☐ Your Brother 1

QUESTION	RESPONSE	COMMENT / AGE AFFECTED
Current age or age at death	24	
Health Problem	Healthy	
Living / Dead	Living	

☐ SISTERS

└ ☐ Your Sister 1

QUESTION	RESPONSE	COMMENT / AGE AFFECTED
Current age or age at death	31	
Health Problem	Healthy	
Living / Dead	Living	



YOUR MOTHER'S FATHER

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	78	
Health Problem	Healthy	
Living / Dead	Living	



YOUR MOTHER'S MOTHER

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	77	
Health Problem	Healthy	
Living / Dead	Living	



YOUR MOTHER'S SISTERS 1

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	51	
Health Problem	Healthy	
Living / Dead	Living	



YOUR MOTHER'S SISTERS 2

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	49	
Health Problem	Healthy	
Living / Dead	Living	



YOUR MOTHER'S BROTHERS 1

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	53	
Health Problem	Healthy	
Living / Dead	Living	



YOUR FATHER'S FATHER

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	79	
Health Problem	Healthy	
Living / Dead	Living	



YOUR FATHER'S MOTHER

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
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Current age or age at death	78	
Health Problem	Heart failure, no treatment	78
	Cause of death: Heart failure	78
Living / Dead	Dead	



YOUR FATHER'S SISTERS 1

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	59	
Health Problem	Healthy	
Living / Dead	Living	



YOUR FATHER'S SISTERS 2

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	55	
Health Problem	Healthy	
Living / Dead	Living	



YOUR FATHER'S BROTHERS 1

QUESTION	RESPONSE	COMMENT/AGE AFFECTED
Current age or age at death	48	
Health Problem	Healthy	
Living / Dead	Living	