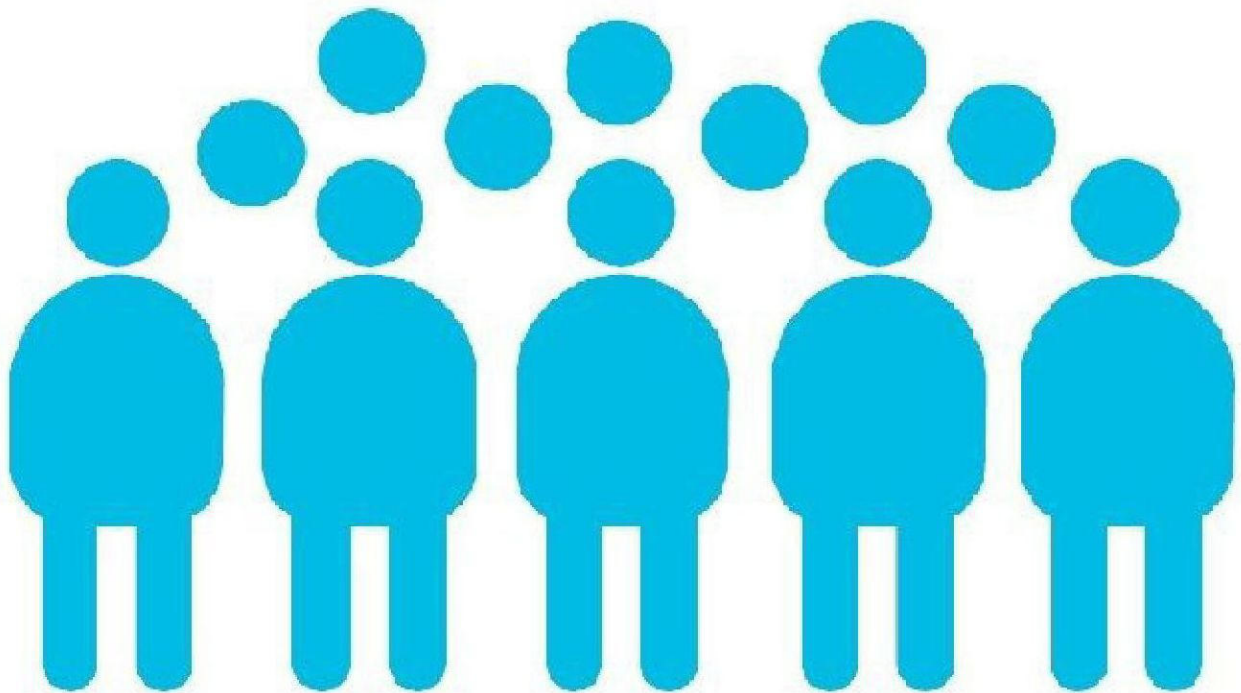


# Extended Profile

Catalogue # 1714

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
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### 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)

Maternal Aunt - Breast Cancer (mid 70s)  
 Paternal Grandfather - Stroke (70s)  
 Maternal Grandfather - Bronchial Carcinoma (mid 60's) COD, heavy smoker

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**

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)

Mother - Hypothyroidism (50)

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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**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 Hering 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
Pdycystic Kidneys															X
Disease of the Urinan 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	X									
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**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 - Penicillin Allergy (childhood)  
 Father - Glaucoma (50), Cataracts (74)  
 Maternal Grandmother - Dementia (80s)  
 Paternal Grandmother - Heart Failure (80s) COD

Donor Number: \_\_\_\_\_