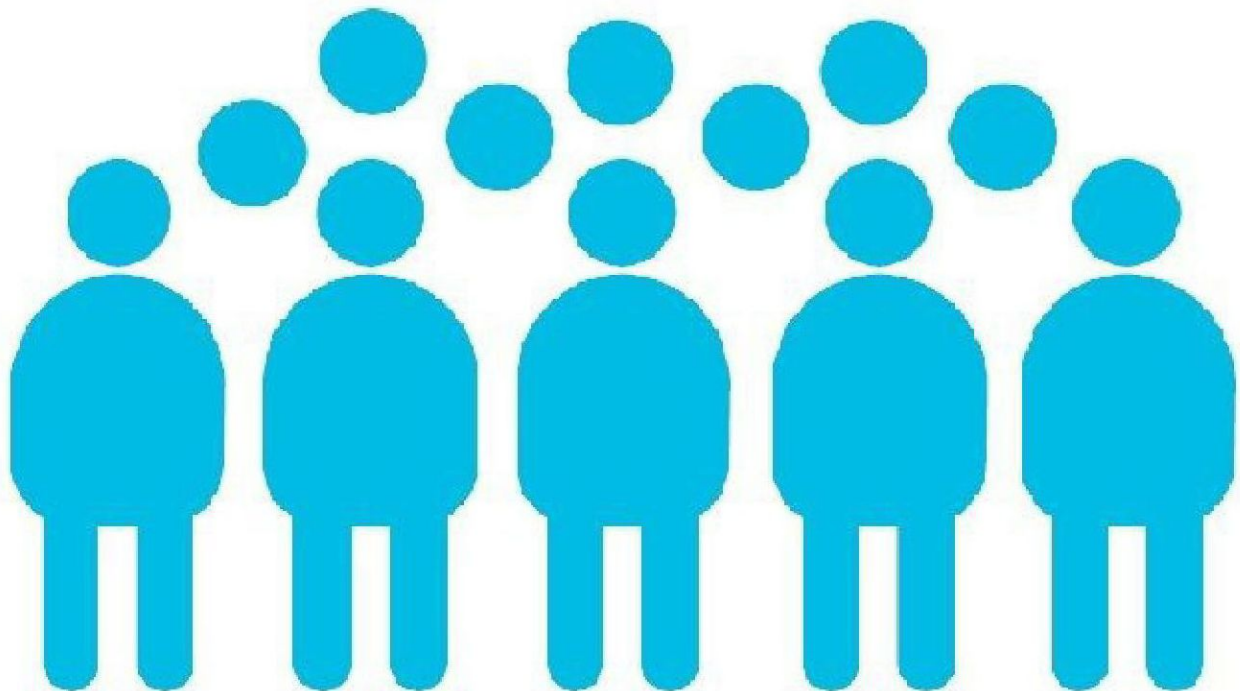


# Extended Profile

Catalogue # 1699

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														X
High Cholesterol/Triglycerides																	X
Arteriosclerosis																	X
Atherosclerosis																	X
Hereditary Hypocholesterolemia																	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)

Father - High Blood Pressure (62)

Donor Number: 1699





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**

Allerges (Medication)																	X
Allergies (Food)																	X
Allergies (Hay Fever)	X											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												
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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 - Mild Hayfever (childhood), Shortsighted (20)  
 Paternal Aunt - Hayfever (30s)  
 Maternal Grandmother - Stress Cardiomyopathy (75, COD)

Donor Number: 1699