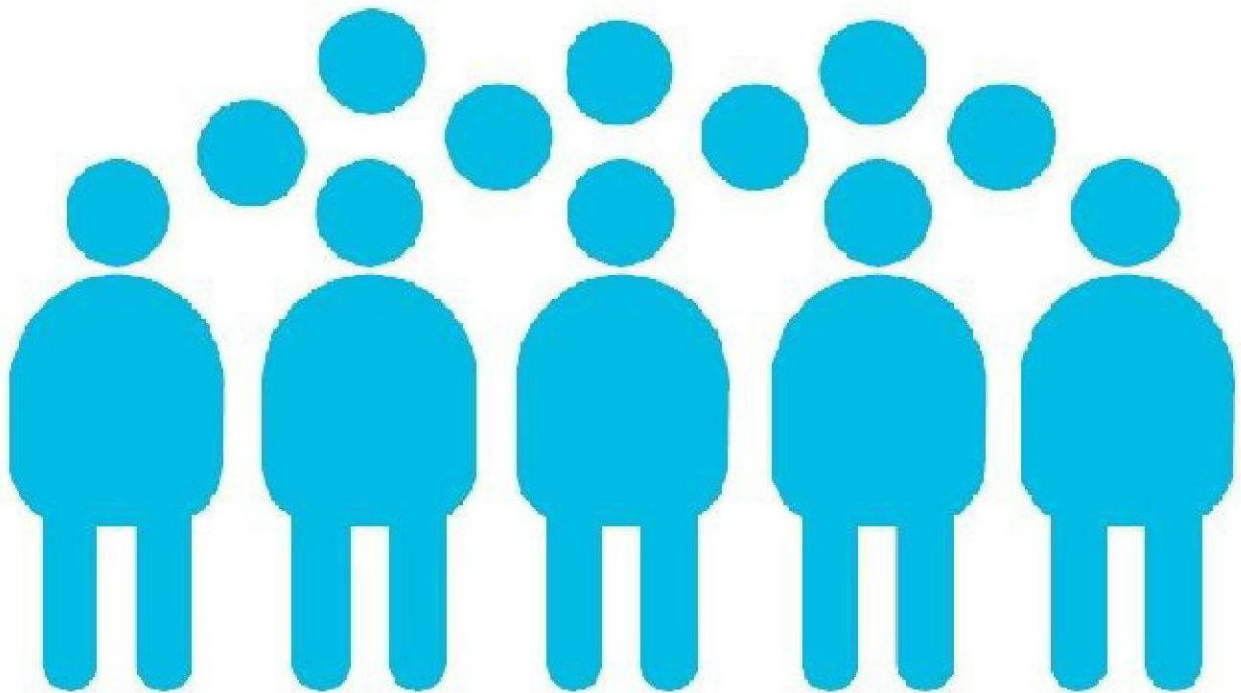


# Extended Profile

Catalogue # 1724

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 Hypcholesterolemia																	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)

Mother - Breast Cancer (65)  
 Father - High Blood Pressure  
 Maternal Grandmother - Lung Cancer (COD, 60s)

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	
<b>Congenital Malformations</b>																	
Cleft Lip																	X
Cleft Palate																	X
Club Foot																	X
Congenital Hip Dislocation																	X
Spina Bifida																	X
Undescended Testicles																	X
Malformations (Other)																	X

<b>Gastro-Intestinal Diseases</b>																	
Galls Stones																	X
Hepatitis A																	X
Hepatitis B																	X
Ulcer of Stomach or Duodenum																	X
Other Liver Disease																	X
Colitis																	X
Cystic Fibrosis																	X

<b>Genital/ Reproductive System</b>																	
Uterine Fibroids																	X
Ovarian Cysts																	X
Goitre																	X
Other																	X

<b>Mental Health</b>																	
Depression	X																
Bipolar																	X
Schizophrenia/Psychosis																	X
Mental Retardation																	X
Obsessive-Compulsive Disorder																	X

<b>Metabolic/ Endocrine Disease</b>																	
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 - Depression (18-24)

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 Neurone Disease																	X
Hydrocephalus																	X
Alzheimer's																	X
Motor Neurone 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 - Mild Moderate Acne (teens)

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**

Allerges (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 - Mild Hayfever (teens)  
 Maternal Grandfather - Vascular Dementia (60s, COD 70's)  
 Paternal Grandfather - Aneurysm (COD 70's)

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