

ZyGen Laboratory
• ZYGOTE GENERATING PRODUCTS •

16742 Stagg St., Suite 105, Van Nuys, CA 914
(818) 988-2500 • (818) 344-7777 • (800) 255-7242 • FAX (818) 988-27

DONOR PROFILE

PHYSICAL CHARACTERISTICS:

DONOR CODE #160

Birth year 1958 Height 5'8" Weight 155 Eye Color D. Brown
Hair Color Black Hair Type ^{Thick} Straight Complexion olive Body Type Medium
Racial Group Caucasian Ethnic Origin Eng/Germany Religion at Birth Methodist

ANCESTRAL ORIGIN: Father Germany / English Mother England/Irish

Paternal Grandfather Germany Maternal Grandfather Ireland

Paternal Grandmother England Maternal Grandmother England

EDUCATIONAL HISTORY:	Years Completed	Date of Graduation	Average Grade
High School	12	1976	B
College	04	1980	A
Graduate School	N/A	N/A	N/A
Professional	N/A	N/A	N/A

Major Study English

Minor Study Theater Arts

Occupation Writer(play)/Sales Representative

Special Skills, Talents, or Training Word Processing, fiction and playwriting
courses, improvisational comedy, film historian

Interests writing, performing, swimming, tennis, running, play clarinet, observing
people, cooking, studying history of film and society.

(FOR LABORATORY PERSONNEL ONLY)

General Comments Pleasant, good-looking, creative, observant.

Tests to be performed on Donor Applicant:

Panel # 8100 & 8200

Circle if applicable: TAY-SACHS SICKLE CELL OTHER (Specify) N/A

ZYGEN LABORATORY

FAMILY PHYSICAL CHARACTERISTICS:

DONOR CODE #160

How many natural brothers ? 0 How many natural sisters ? 0

EYE COLOR: PGF Not given PGM Not given MGF Not given MGM Not given
 Father Not given Mother Not given

Brother(s) N/A Sister(s) N/A

NATURAL HAIR COLOR: (Please be specific - I.E. dark brown, light brown)

PGF Not given PGM Not given MGF Not given MGM Not given
 Father Not given Mother Not given

Brother(s) N/A Sister(s) N/A

HEIGHT: Father Not given Mother Not given Brother(s) N/A Sister(s) N/A

FAMILY MEDICAL HISTORY:

Relation	Birth Year	Health	If deceased, cause of death	Age at death
Mother	<u>1932</u>	<u>Deceased</u>	<u>Complication from M.S.</u> <u>(no genetic factor found)</u>	<u>54</u>
Father	<u>1931</u>	<u>Good</u>		
Children**	<u>N/A</u>			

(**Applies to donor applicant: I.E. 3G=3 year old girl)

Please circle one: Single Married

On each item listed below, if there is history of the condition, please indicate for each relationship:

D=Donor MGF=Maternal Grandfather M=Mother
 C=Children MGM=Maternal Grandmother S=Sister
 F=Father PGF=Paternal Grandfather B=Brother
 A=Aunt PGM=Paternal Grandmother U=Uncle

Hay Fever N/A Circulatory/Cardiac Disease N/A

Asthma D (as a child) Blood Disease N/A

Allergies D (pollen) Epilepsy N/A

Eye Disorders N/A Mental Disorders N/A

Diabetes N/A Alcohol Abuse N/A

Gout N/A Drug Abuse N/A

Albinism N/A Chemical Exposure N/A

Other N/A Radiation Exposure N/A

Previous exclusion from blood donations for reasons of infectious disease N/A

Receipt of blood transfusion within the past year N/A

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Bear in mind that nobody is perfect. Write in any relevant details.

1) Indicate which of the following you have had.

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psoriasis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dupuytren contracture, bands, nodules, or knucklepads
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peptic (duodenal or gastric) ulcer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot temper
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drinking problem
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric treatment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hallucinations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fainting or dizziness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spells of unreasonable anxiety
<input checked="" type="checkbox"/>	<input type="checkbox"/>	At times couldn't do anything because of emotional stress
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Headache, severe or disabling
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homosexual experience since 1977
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color blindness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cataract
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Strabismus
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sight deficiency not correctable with glasses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing loss
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sexually transmitted disease: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Periodontal disease
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impacted wisdom tooth/teeth
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Orthodontal treatment or serious dental malocclusion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tremor or chorea
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parkinson disease
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stuttering
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tic (habit spasm)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haemorrhoids (not recently)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins of the scrotum
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cardiovascular disease before age 55
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes; age of onset: _____ years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ankylosing spondylitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gout, kidney stones, or hyperuricaemia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heberden nodes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rheumatoid arthritis; SCAT titre: 1/_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back or neck pain, frequent or requiring treatment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sciatica, other nerve root compression, or deficient knee reflex
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Irradiation, therapeutic or accidental
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bruise easily

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<input checked="" type="checkbox"/>	Asthma
<input checked="" type="checkbox"/>	Eczema
<input checked="" type="checkbox"/>	Hay fever
<input checked="" type="checkbox"/>	Polycystic kidneys
<input checked="" type="checkbox"/>	Hernia, indirect inguinal
<input checked="" type="checkbox"/>	Congenital hip dislocation
<input checked="" type="checkbox"/>	Club foot (talipes equinovarus)
<input checked="" type="checkbox"/>	Cleft lip and/or palate

2) Ancestry: German/Irish

3) Year of birth: 19 58

4) Did you wear glasses before age 40?

Yes, present correction: Near sighted

No

5) Height: 5'8"

6) Describe any deformity of bones, joints, hands, feet, spine, mouth, or other features.

None

7) Give details of any psychosis or other mental disorder that has ever been diagnosed in yourself or one of your parents, sibs, or offspring.

None

8) List all surgical operations and any serious illnesses you have ever had.

None

9) Have you any disorder or abnormality not covered above which might be hereditary or which you share with one of your kin?

None

10) What drugs have you taken in the past 12 months? None

11) How many sexual partners have you had in the past 6 months? -2-

12) Describe the health and give the age now or at death for each of your parents, sibs and offspring, and state any of their significant intellectual, artistic or academic achievements. Include any perinatal deaths, any history of cardiovascular disease before age 55, diabetes, hearing loss before age 70, surgical operations, serious illnesses, cataracts, Parkinson disease, Dupuytren disease, and cause of death.

(SEE ATTACHED SHEET FOR INFORMATION - PAGE 8)

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FAMILY HEALTH HISTORY (INTERVIEWER'S COMMENTS ONLY)

Relationship	If deceased, age at death	Cause of Death	Level of Education	Occupation	Health
Father Age: 57	N/A	N/A	College	Supervisor	good
Mother Age:	-	Complication From M.S. (not genetically found)			N/A
Grandfather (Father's side) Age:	/	No Information	Given On PGF	, PGM, MGF, MGM	
Grandmother (Father's side) Age:					
Grandfather (Mother's side) Age:					
Grandmother (Mother's side) Age:					
Brother 1 Age:	N/A	N/A	N/A	N/A	N/A
Brother 2 Age:	N/A	N/A	N/A	N/A	N/A
Sister 1 Age:	N/A	N/A	N/A	N/A	N/A
Sister 2 Age:	N/A	N/A	N/A	N/A	N/A

COMMENTS: _____

