

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 #180

Birth year 1964 Height 5'9" Weight 150 lbs Eye Color Blue
Hair Color Blonde Hair Type straight Complexion fair Body Type Medium
(France/Germany)
Racial Group Caucasian Ethnic Origin European Religion at Birth Protestant

ANCESTRAL ORIGIN: Father France Mother Germany
Paternal Grandfather France Maternal Grandfather Germany
Paternal Grandmother Europe Maternal Grandmother Germany

EDUCATIONAL HISTORY:	Years Completed	Date of Graduation	Average Grade
High School	<u>12</u>	<u>1982</u>	<u>B</u>
College	<u>2 (presently attending)</u>		<u>3.25</u>
Graduate School	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Professional	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Major Study Computer Science
Minor Study N/A
Occupation Student/Driver
Special Skills, Talents, or Training Drums, mechanically inclined,
Interests music, tennis, baseball, photography, chess, fishing

(FOR LABORATORY PERSONNEL ONLY)

General Comments Pleasant, assertive, personable, responsible, mature, self assured, intelligent
good complexion

Tests to be performed on Donor Applicant:
Panel # 8100 & 8200

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

	XX	Psoriasis
	XX	Dupuytren contracture, bands, nodules, or knucklepads
	XX	Peptic (duodenal or gastric) ulcer
XX		Hot temper
	XX	Drinking problem
	XX	Psychiatric treatment
	XX	Epilepsy
	XX	Hallucinations
	XX	Fainting or dizziness
	XX	Spells of unreasonable anxiety
	XX	At times couldn't do anything because of emotional stress
	XX	Headache, severe or disabling
	XX	Homosexual experience since 1977
	XX	Color blindness
	XX	Cataract
	XX	Glaucoma
	XX	Strabismus
	XX	Sight deficiency not correctable with glasses
	XX	Hearing loss
	XX	Sexually transmitted disease: _____
	XX	Hepatitis
	XX	Periodontal disease
	XX	Impacted wisdom tooth/teeth
	XX	Orthodontal treatment or serious dental malocclusion
	XX	Tremor or chorea
	XX	Parkinson disease
	XX	Stuttering
	XX	Tic (habit spasm)
	XX	Haemorrhoids
	XX	Varicose veins of the scrotum
	XX	Cardiovascular disease before age 55
	XX	Diabetes; age of onset: _____ years
	XX	Ankylosing spondylitis
	XX	Gout, kidney stones, or hyperuricaemia
	XX	Heberden nodes
	XX	Rheumatoid arthritis; SCAT titre: 1/ _____
	XX	Back or neck pain, frequent or requiring treatment
	XX	Sciatica, other nerve root compression, or deficient knee reflex
	XX	Irradiation, therapeutic or accidental
	XX	Bruise easily

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<input 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: France/Germany

3) Year of birth: 19 64

4) Did you wear glasses before age 40?

Yes, present correction: 20/25
 No

5) Height: 5'9"

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)

FAMILY HEALTH HISTORY (INTERVIEWER'S COMMENTS ONLY)

Relationship	If deceased, age at death	Cause of Death	Level of Education	Occupation	Health
Father Age:	N/A	N/A	H.S.	Laborer	(lung Problems) fr. smoking
Mother Age:	N/A	N/A	H.S.	Housewife	good
Grandfather (Father's side) Age: 60's	N/A	N/A	College	H.S. Teacher	good
Grandmother (Father's side) Age:	N/A	N/A	?	?	?
Grandfather (Mother's side) Age: 60's	N/A	N/A	?	(retired) Gas Co.	good
Grandmother (Mother's side) Age: 60's	N/A	N/A	?	(retired) Plastic Factory Worker	Stroke at age 60
Brother 1 Age:	N/A	N/A	College	Electrical Eng.	good
Brother 2 Age:	N/A	N/A	N/A	N/A	N/A
Sister 1 Age:	N/A	N/A	H.S.	Technical Training Student	good
Sister 2 Age:	N/A	N/A	N/A	N/A	N/A

COMMENTS: _____

