

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 184
 Birth year 1963 Height 5'11" Weight 145 Eye Color GREEN
 Hair Color BLACK Hair Type WAVY Complexion FAIR Body Type MEDIUM
 IRISH/
 Racial Group CAUCASIAN Ethnic Origin AMER.IND. Religion at Birth PROTESTANT

ANCESTRAL ORIGIN: Father IRISH Mother AMER.INDIAN/IRISH
 Paternal Grandfather IRISH Maternal Grandfather AMER.INDIAN
 Paternal Grandmother IRISH/SCOTTISH Maternal Grandmother IRISH

EDUCATIONAL HISTORY:	Years Completed	Date of Graduation	Average Grade
High School	<u>4</u>	<u>1981</u>	<u>3.0</u>
College	<u>1</u>	<u>1983</u>	<u>4.0</u>
Graduate School			
Professional			
Major Study	<u>MUSIC</u>		
Minor Study			
Occupation	<u>FLORAL DESIGN</u>		
Special Skills, Talents, or Training	<u>DATA PROCESSING, WAREHOUSE MECH.</u> <u>TELEPHONE INSTALLATION, GUITAR, VIOLIN, PIANO, DRAWING.</u>		
Interests	<u>ARCHERY, COMIC COLLECTING, EXERCISING, GUITAR PLAYING.</u>		

 (FOR LABORATORY PERSONNEL ONLY)

General Comments EXTREMELY PLEASANT PERSONALITY, EASY GOING, HARD WORKER, GOOD LOOKING.

Tests to be performed on Donor Applicant:

Panel # _____

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

ZYGEN LABORATORY

FAMILY PHYSICAL CHARACTERISTICS:

DONOR CODE #184

How many natural brothers ? one How many natural sisters ? one

EYE COLOR: PGF Blue PGM MGF Brown MGM
 Father Blue Mother Brown

Brother(s) Brown Sister(s) Green

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

PGF Red PGM MGF Black MGM
 Father Red Mother Black

Brother(s) Black Sister(s) Blonde

HEIGHT: Father 5'10" Mother 5'0" Brother(s) 5'11" Sister(s) 5'8"

FAMILY MEDICAL HISTORY:

Relation	Birth Year	Health	If deceased, cause of death	Age at death
Mother	<u>1946</u>	<u>Excellent</u>	<u> </u>	<u> </u>
Father	<u>1945</u>	<u>Excellent</u>	<u> </u>	<u> </u>

Children** N/A-not married
 (**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 N/A Blood Disease N/A

Allergies N/A Epilepsy N/A

Eye Disorders PGF-Cataracs Mental Disorders N/A

Diabetes Aunt-Mom's side 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 No

Receipt of blood transfusion within the past year No

Any known episodes of trichomoniasis in a sexual partner No

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

1) Indicate which of the following you have had.

Yes	No	
	X	Psoriasis
	X	Dupuytren contracture, bands, nodules, or knucklepads
	X	Peptic (duodenal or gastric) ulcer
	X	Hot temper
	X	Drinking problem
	X	Psychiatric treatment
	X	Epilepsy
	X	Hallucinations
	X	Fainting or dizziness
	X	Spells of unreasonable anxiety
	X	At times couldn't do anything because of emotional stress
	X	Headache, severe or disabling
	X	Homosexual experience since 1977
	X	Color blindness
	X	Cataract
	X	Glaucoma
	X	Strabismus
	X	Sight deficiency not correctable with glasses
	X	Hearing loss
XX		Sexually transmitted disease: <u>Chlamydia- 3 years ago; treated and cured</u>
	X	Hepatitis
	X	Periodontal disease
XX		Impacted wisdom tooth/teeth
	X	Orthodontal treatment or serious dental malocclusion
	X	Tremor or chorea
	X	Parkinson disease
	X	Stuttering
	X	Tic (habit spasm)
	X	Haemorrhoids
	X	Varicose veins <u>of the scrotum</u>
	X	Cardiovascular disease before age 55
	X	Diabetes; age of onset: _____ years
	X	Ankylosing spondylitis
	X	Gout, kidney stones, or hyperuricaemia
	X	Heberden nodes
	X	Rheumatoid arthritis; SCAT titre: 1/ _____
	X	Back or neck pain, frequent or requiring treatment
	X	Sciatica, other nerve root compression, or deficient knee reflex
	X	Irradiation, therapeutic or accidental
	X	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: Irish/ U.S. Indian

3) Year of birth: 19 63

4) Did you wear glasses before age 40?

Yes, present correction: _____

No

5) Height: 5'11"

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 ^{recreational} drugs have you taken in the past 12 months? None

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

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:	N/A	N/A	H.S.	Executive for food company	good
Mother Age:	N/A	N/A	H.S. Trade School	Housewife	good
Grandfather (Father's side) Age: 70	N/A	N/A	H.S.	Construction Business Owner	good
Grandmother (Father's side) Age: 70	N/A	N/A	H.S.	Flower Shop Owner	good
Grandfather (Mother's side) Age:	60	?	?	?	deceased
Grandmother (Mother's side) Age: 84	N/A	N/A	H.S.	Housewife	fair
Brother 1 Age: 20	N/A	N/A	College Anthropology	Student	good
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: 24	N/A	N/A	H.S.	Flower Shop	good

COMMENTS: _____

