

ZyGen Laboratory
• ZYGOTE GENERATING PRODUCTS •

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DONOR PROFILE

PHYSICAL CHARACTERISTICS:

DONOR CODE #191

Birth year 1968 Height 6'0" Weight 180 lbs Eye Color Brown-Dark
Hair Color D. Brown Hair Type Straight Complexion Tan-Med. Body Type Medium
Racial Group Caucasian Ethnic Origin European Religion at Birth Jewish-Catholic

ANCESTRAL ORIGIN: Father Russian/Irish/French Mother Irish/Czech/German
Paternal Grandfather Russian/French Maternal Grandfather Irish
Paternal Grandmother Irish Maternal Grandmother Czech/German

EDUCATIONAL HISTORY: Years Completed Date of Graduation Average Grade
High School 12 1986 3.4
College 2 (presently attending)
Graduate School N/A
Professional N/A
Major Study Industrial Design
Minor Study Engineer

Occupation Student/Part-time as medical equipment designer (engineer)
Special Skills, Talents, or Training Artistic, mechanically inclined, very good
with mathematics.

Interests Art, sports, music, theater, dirtbikes, reads novels, ran L.A. marathon

(FOR LABORATORY PERSONNEL ONLY)

General Comments Handsome, relaxed, meticulous, quiet, organized, intelligent, square jaw
bushy eyebrows, gorgeous brown eyes with long eyelashes, thick hair, clean cut.

Tests to be performed on Donor Applicant:

Panel # 8100 & 8200

Circle if applicable TAY-SACHS SICKLE CELL OTHER (Specify) Not a carrier

FAMILY PHYSICAL CHARACTERISTICS:

DONOR CODE #191

How many natural brothers? One How many natural sisters? None

EYE COLOR: PGF PGM MGF MGM
 Father Brown Mother Brown

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

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

PGF PGM MGF MGM
 Father Black Mother Dark Brown-Black

Brother(s) Dark Brown - Black Sister(s) N/A

HEIGHT: Father 6'3" Mother 5'7" Brother(s) 5'11" Sister(s) N/A

FAMILY MEDICAL HISTORY:

Relation	Birth Year	Health	If deceased, cause of death	Age at death
Mother	<u>1939</u>	<u>good</u>	<u> </u>	<u> </u>
Father	<u>1941</u>	<u>good</u>	<u> </u>	<u> </u>

Children** N/A

(**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 M Circulatory/Cardiac Disease N/A

Asthma N/A Blood Disease N/A

Allergies M, D, B 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 No

Receipt of blood transfusion within the past year No

Any known episodes of trichomoniasis in a sexual partner No

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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	
	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 (partially)
	X	Cataract
	X	Glaucoma
	X	Strabismus
	X	Sight deficiency not correctable with glasses
	X	Hearing loss
	X	Sexually transmitted disease: _____
	X	Hepatitis
	X	Periodontal disease
	X	Impacted wisdom tooth/teeth
X		Orthodontal treatment or serious dental malocclusion (2 1/2 years of braces)
	X	Tremor or chorea
	X	Parkinson disease
	X	Stuttering
	X	Tic (habit spasm)
	X	Haemorrhoids
	X	Varicose veins of the scrotum
	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

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

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- 2) Ancestry: European
- 3) Year of birth: 19 68
- 4) Did you wear glasses before age 40?
 Yes, present correction: _____
 No
- 5) Height: 6'0"
- 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?
 Color blindness- Maternal Grandfather
- medicational
- 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? 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.

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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	2 yrs. college	Banker	good
Mother Age:	N/A	N/A	2 yrs. college	Seamstress/ Housewife	good
Grandfather (Father's side) Age:	62	Lung Cancer	H.S.	Jeweler	N/A
Grandmother (Father's side) Age:	71	?	H.S.	Dept. Store	N/A
Grandfather (Mother's side) Age:	N/A	N/A	H.S.	Retired (Trucker)	good
Grandmother (Mother's side) Age:	N/A	N/A	H.S.	Housewife	good
Brother 1 Age:	N/A	N/A	H.S.	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:	N/A	N/A	N/A	N/A	N/A

COMMENTS: _____

