

ZYGEN LABORATORY

DONOR#: 310

DATE: 7-23-02

DONOR PROFILE

Birth Year Only: 73

Place of Birth: Milwaukee, Wis.

Racial Group: Caucasian

Black

Hispanic

Other:

Ethnic Origin: Father: German

Mother: English/Irish/French/Cherokee Ir

Paternal Grandfather: German

Maternal Grandfather: English/Irish

Paternal Grandmother: German

Maternal Grandmother: French/Cherokee Indian

Religion at Birth: Catholic

Practising?: No

**PHYSICAL CHARACTERISTICS:**

Height: 6'2"

Weight: 190lbs

Eye Color: Blue

Hair Color: Blonde

Shade:

- Dark
- Medium
- Light

Hair Type:

- Straight
- Wavy
- Curly

Complexion:

- V. Fair
- Fair
- Medium
- Olive
- Dark

Body Frame:

- Small
- Medium
- Large

Other distinguishing characteristics (Freckles, cleft chin, dimples, etc.) \_\_\_\_\_

**EDUCATIONAL HISTORY:**

	Years Completed	GPA	Grad. Date
High School	1 2 3 4		
College/University	<u>1</u> 2 3 4 5	<u>3.85</u>	<u>6/04</u>
Post Graduate	1 2 3 4		

Major Study: Music

Minor Study: Sociology

Occupation: Student

Academic Skills: Reading Music, Writing Music

Mechanical Skills: \_\_\_\_\_

Special Training: Carpentry, Culinary Arts

Special Talents/Interests (sports, music, etc.): playing guitar, piano, I love all sports, Psychology, Anthropology.

Which language(s) do you speak fluently? English/Spanish

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PERSONALITY TRAITS:

Please describe your personality I am very open loving person, to a fault, I demand a certain loyalty from close friends, not out of the norm, I'm generally very easy going, but once I'm focused on a goal I'm very keen on achieving it,

Please describe your goals and ambitions

I'd love to spend the rest of my life writing and playing music, I'd also love to teach others what I've learned,

What are your favorite foods? Italian, Asian, Mexican

Where would you most like to live and why? I'd love to live in Central California near the ocean. There is a certain peace and serenity there.

Are you right or left handed? right handed

Favorite animal and why? Dogs, I have a close connection with them.

Do you smoke cigarettes? No

Do you drink alcohol, if yes, how often? Once a month

Do you or have you worn corrective lenses? No

Have you ever worn braces? No

Please briefly describe your motivation(s) for becoming a semen donor:

I've become a sperm donor initially because I wanted to be a part of procreation, I was in a relationship and thought I would have kids by now and it didn't work out that way. I also felt I would like to help those less fortunate than I am. I had seen my sister go through trouble with getting pregnant and I sympathize.

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FAMILY HISTORY:

Are you: single  married \_\_\_\_\_ divorced \_\_\_\_\_

Do you have any children? \_\_\_\_\_ yes  no. If yes, please answer the questions below.

*Birth year	**Health	if deceased, cause of death	Age deceased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please indicate boy or girl: e.g. 3G = 3 year old girl.

\*\*Under health, please indicate: Excellent, Good, Fair, Poor or Deceased. If deceased please write age and cause of death.

Are there any twins or triplets in your family?  yes \_\_\_\_\_ no.

If yes, please describe: My Sisters are fraternal twins

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Please be specific with the physical description of all family members, e.g., dark brown, light brown, wavy, straight, fair, small, etc.

Birth Father of Donor

Birth Year: 39' Place of Birth: Milwaukee, Wis.

Height: 5'9" Weight: 180 Eye Color: Green Hair Color: Brown  
 Shade: \_\_\_\_\_ Hair Type: \_\_\_\_\_ Complexion: \_\_\_\_\_ Body Frame: \_\_\_\_\_  
 \_\_\_\_\_ Dark  Straight \_\_\_\_\_ V.Fair \_\_\_\_\_ Small  
 Medium \_\_\_\_\_ Wavy \_\_\_\_\_ Fair  Medium  
 \_\_\_\_\_ Light \_\_\_\_\_ Curly  Medium \_\_\_\_\_ Large  
 \_\_\_\_\_ Olive  
 \_\_\_\_\_ Dark

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): \_\_\_\_\_

Level of Education: High School Occupation: Janitor

Special Skills/Talents/Interests: Sports, Games

Health: \_\_\_\_\_ Excellent  Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Deceased (cause of death and age) \_\_\_\_\_

Birth Mother of Donor

Birth Year: 38' Place of Birth: Lennox, Missouri

Height: 5'7" Weight: 160 Eye Color: Blue Hair Color: Brown  
 Shade: \_\_\_\_\_ Hair Type: \_\_\_\_\_ Complexion: \_\_\_\_\_ Body Frame: \_\_\_\_\_  
 \_\_\_\_\_ Dark \_\_\_\_\_ Straight \_\_\_\_\_ V.Fair \_\_\_\_\_ Small  
 \_\_\_\_\_ Medium  Wavy  Fair  Medium  Medium  
 Light \_\_\_\_\_ Curly \_\_\_\_\_ Medium \_\_\_\_\_ Large  
 \_\_\_\_\_ Olive  
 \_\_\_\_\_ Dark

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): Large forehead, freckles

Level of Education: High School Occupation: Bus driver

Special Skills/Talents/Interests: Paint, draw, Music, family

Health: \_\_\_\_\_ Excellent  Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Deceased (cause of death and age) \_\_\_\_\_

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Natural Brother #1 of Donor

Birth Year: 59' Place of Birth: Milwaukee, Wis

Height: 5'8" Weight: 150 Eye Color: Blue Hair Color: Blonde  
 Shade: X Dark X Medium      Light  
 Hair Type:      Straight X Wavy      Curly  
 Complexion:      V.Fair X Fair      Medium      Olive      Dark  
 Body Frame:      Small X Medium      Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): \_\_\_\_\_

Level of Education: High School Occupation: Stock Broker

Special Skills/Talents/Interests: Sports, Aerobic Exercise (Running),

Health: X Excellent      Good      Fair      Poor

Deceased (cause of death and age) \_\_\_\_\_

Natural Brother #2 of Donor

Birth Year: 61' Place of Birth: Milwaukee, Wis,

Height: 5'11" Weight: 180 Eye Color: Blue Hair Color: Brown  
 Shade: X Dark      Medium      Light  
 Hair Type:      Straight X Wavy      Curly  
 Complexion:      V.Fair      Fair X Medium      Olive      Dark  
 Body Frame:      Small      Medium X Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): Dark complexion in Summer,

Native American looking, large forehead

Level of Education: High School Occupation: Bus Driver

Special Skills/Talents/Interests: Games, Music, Computers

Health: X Excellent      Good      Fair      Poor

Deceased (cause of death and age) \_\_\_\_\_

ZYGEN LABORATORY

DONOR#: 310

DATE 7-23-02

Natural Sister #1 of Donor

Birth Year: 65'

Place of Birth: Milwaukee, Wis

Height: 5'9"

Weight: 135

Eye Color: Green

Hair Color: Brown

Shade:   
  Dark   
  Medium   
  Light

Hair Type:   
  Straight   
  Wavy   
  Curly

Complexion:   
  V.Fair   
  Fair   
  Medium   
  Olive   
  Dark

Body Frame:   
  Small   
  Medium   
  Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): freckles, large forehead  
twin

Level of Education: High School

Occupation: Housewife

Special Skills/Talents/Interests: Helping people,

Health:  Excellent  Good  Fair  Poor

Deceased (cause of death and age) \_\_\_\_\_

Natural Sister #2 of Donor

Birth Year: 65'

Place of Birth: Milwaukee, Wis

Height: 5'8"

Weight: 150

Eye Color: Blue

Hair Color: Blonde

Shade:   
  Dark   
  Medium   
  Light

Hair Type:   
  Straight   
  Wavy   
  Curly

Complexion:   
  V.Fair   
  Fair   
  Medium   
  Olive   
  Dark

Body Frame:   
  Small   
  Medium   
  Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): Large forehead, twin  
Big Eyes,

Level of Education: High School

Occupation: Driver

Special Skills/Talents/Interests: Music

Health:  Excellent  Good  Fair  Poor

Deceased (cause of death and age) \_\_\_\_\_

ZYGEN LABORATORY

DONOR: 310

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**Paternal Grandfather of Donor**

Birth Year: 14' Place of Birth: Not Sure

Height: 5'0" Weight: 160 Eye Color: ~~Blue~~ Green Hair Color: Brown  
 Shade:  Dark  Medium  Light  
 Hair Type:  Straight  Wavy  Curly  
 Complexion:  V. Fair  Fair  Medium  Olive  Dark  
 Body Frame:  Small  Medium  Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): \_\_\_\_\_

Level of Education: High School Occupation: Machinist

Special Skills/Talents/Interest: \_\_\_\_\_

Health:  Excellent  Good  Fair  Poor

Deceased (cause of death and age) Cancer, 71

**Paternal Grandmother of Donor**

Birth Year: 14' Place of Birth: Louisville, Kentucky

Height: 5'1" Weight: 130 Eye Color: Green Hair Color: Blonde  
 Shade:  Dark  Medium  Light  
 Hair Type:  Straight  Wavy  Curly  
 Complexion:  V. Fair  Fair  Medium  Olive  Dark  
 Body Frame:  Small  Medium  Large

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): freckles

Level of Education: High School Occupation: Housewife

Special Skills/Talents/Interests: \_\_\_\_\_

Health:  Excellent  Good  Fair  Poor

Deceased (cause of death and age) \_\_\_\_\_

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DATE: 7-23-02

Maternal Grandfather of Donor

Birth Year: ~~1915~~ 15' Place of Birth: Not Sure

Height: 5'9" Weight: 180 Eye Color: Blue Hair Color: Brown  
 Shade: \_\_\_\_\_ Hair Type: \_\_\_\_\_ Complexion: \_\_\_\_\_ Body Frame: \_\_\_\_\_  
 Dark  Straight \_\_\_\_\_ V. Fair \_\_\_\_\_ Small  
 \_\_\_\_\_ Medium \_\_\_\_\_ Wavy  Fair  Medium \_\_\_\_\_  
 \_\_\_\_\_ Light \_\_\_\_\_ Curly \_\_\_\_\_ Medium \_\_\_\_\_ Large  
 \_\_\_\_\_ Olive \_\_\_\_\_  
 \_\_\_\_\_ Dark \_\_\_\_\_

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): ~~Native American features~~  
looked Irish, dark

Level of Education: High School Occupation: Mechanic

Special Skills/Talents/Interests: Automobiles

Health:  Excellent  Good ~~3~~  Fair  Poor

Deceased (cause of death and age) ~~Stroke~~ Gun shot wound, 41

Maternal Grandmother of Donor

Birth Year: 20' Place of Birth: Not Sure

Height: 5'9" Weight: 135 Eye Color: Blue Hair Color: Brown  
 Shade: \_\_\_\_\_ Hair Type: \_\_\_\_\_ Complexion: \_\_\_\_\_ Body Frame: \_\_\_\_\_  
 Dark  Straight \_\_\_\_\_ V. Fair \_\_\_\_\_ Small  
 \_\_\_\_\_ Medium \_\_\_\_\_ Wavy \_\_\_\_\_ Fair  Medium \_\_\_\_\_  
 \_\_\_\_\_ Light \_\_\_\_\_ Curly  Medium \_\_\_\_\_ Large  
 \_\_\_\_\_ Olive \_\_\_\_\_  
 \_\_\_\_\_ Dark \_\_\_\_\_

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): Native American features

Level of Education: High School Occupation: ~~Housewife~~ Housewife

Special Skills/Talents/Interests: Automobiles

Health: \_\_\_\_\_ Excellent ~~3~~  Good  Fair \_\_\_\_\_ Poor

Deceased (cause of death and age) Stomach Cancer, 41

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FAMILY HEALTH HISTORY OF DONOR

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

- |           |                   |                          |
|-----------|-------------------|--------------------------|
| D=Donor   | PA=Paternal Aunt  | PGF=Paternal Grandfather |
| F=Father  | PU=Paternal Uncle | PGM=Paternal Grandmother |
| M=Mother  | MA=Maternal Aunt  | MGF=Maternal Grandfather |
| S=Sister  | MU=Maternal Uncle | MGM=Maternal Grandmother |
| B=Brother |                   |                          |

If no family member including yourself is affected by the medical conditions listed, please write N/A on each line provided.

1. Psychological Health

- a. hallucinations N/A
- b. schizophrenia N/A
- c. severe depression/anxiety N/A
- d. other psychiatric treatment N/A

2. Nervous System

- a. Alzheimer's Disease PGM
- b. cerebral palsy N/A
- c. epilepsy/seizure N/A
- d. mental retardation N/A
- e. multiple sclerosis N/A
- f. Parkinson's Disease N/A
- g. severe or disabling headache N/A
- h. other neurological disorders N/A

3. Skin

- a. acne N/A
- b. eczema N/A
- c. psoriasis N/A
- d. skin cancer N/A
- e. other skin disorders N/A

4. Blood

- a. anemia N/A
- b. hemophilia N/A
- c. immune deficiency N/A
- d. leukemia N/A
- e. thalassemia N/A
- f. other blood disorders N/A

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DONOR#: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY HEALTH HISTORY OF DONOR (Continued)

5. Heart

- a. cardiac disease/defect
- b. heart attack
- c. high blood pressure
- d. stroke
- e. other heart conditions

N/A  
\_\_\_\_\_  
PU  
\_\_\_\_\_  
PU  
\_\_\_\_\_  
PU  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

6. Respiratory

- a. asthma
- b. emphysema
- c. hay fever
- d. lung cancer
- e. tuberculosis
- f. other lung disease

N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

7. Gastro-Intestinal

- a. cystic fibrosis
- b. duodenal or gastric ulcer
- c. Hepatitis A
- d. Hepatitis B
- e. Hepatitis C
- f. colon cancer
- g. intestinal cancer
- h. other liver disease

N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
MGM  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

8. Urinary

- a. kidney stones
- b. polycystic kidney
- c. urinary tract disease
- d. other

N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

9. Genital

- a. hemorrhoids
- b. herpes
- c. warts
- d. other

N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

10. Bones/Joints/Muscles

- a. dwarfism
- b. muscular dystrophy
- c. rheumatoid arthritis
- d. severe back or neck pain
- e. other

N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
N/A  
\_\_\_\_\_

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FAMILY HEALTH HISTORY OF DONOR (Continued)

11. Sight/Sound/Smell

- a. blindness
- b. cataracts
- c. glaucoma
- d. color blindness
- e. hearing loss
- f. other

N/A  
N/A  
N/A  
N/A  
N/A  
N/A

12. Other

- a. alcohol abuse
- b. drug abuse
- c. diabetes
- d. chemical exposure
- e. radiation exposure
- f. other condition(s) not mentioned above

MGM  
N/A  
N/A  
N/A  
N/A  
N/A

Please make any additional comments you may think would be beneficial to someone who may select you as a donor.

My Family is generally a very healthy family. We are also a very loving family of seven. I've always felt strong and motivated. At 29 years of age, I went back to ~~state~~ college and sustained a 4.0 GPA this far with ease. I'm planning to get my Masters in Music Composition.

FOR LABORATORY PERSONNEL ONLY

General Comments

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DONOR#: 310

**DONOR MEDICAL HISTORY AND BEHAVIORAL RISK ASSESSMENT QUESTIONNAIRE**

- |    | Yes                                 | No                                  |   |
|----|-------------------------------------|-------------------------------------|---|
| 1. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you been seen by a physician, or hospitalized in the past two(2) years?  |
| 2. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you had any serious illnesses or surgical procedures performed in the past?  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you take any medications on a regular basis?<br><i>Claritin for allergies.</i>   |
| 4. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | In the past twelve(12) months have you been vaccinated or immunized for any reason?   |
| 5. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you ever injected, even once, any drug(including steroids) not prescribed by a physician?  |
| 6. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you ever had even one(1) sexual encounter with someone who has injected, even once, any drug (including steroids) not prescribed by a physician?                             |
| 7. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you been a prostitute or engaged in sex for money or drugs?  |
| 8. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you had even one(1) sexual contact (anal intercourse or oral sex) with another male?   |
| 9. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you had even one(1) sexual contact with a hemophiliac or someone who has received clotting factor concentrates?  |
| 0. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | To the best of your knowledge, have you ever had sexual contact with a person known or suspected to have viral Hepatitis or HIV infection?  |
| 1. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you ever had a positive test result for the HIV virus or been diagnosed with HIV?  |
| 2. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you ever had sexual contact with a prostitute (a man or woman who engages in sex for money or drugs?)  |
| 3. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | In the past twelve(12) months have you received blood, blood products or had a transplant?  |
| 4. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | In the past twelve(12) months have you had a tattoo, ear or skin piercing, acupuncture, or accidental needlestick?  |
| 5. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | In the past twelve(12) months have you had or been treated for any sexually transmitted diseases such as syphilis or gonorrhea, herpes, chlamydia, trichomonas or venereal warts? |
| 6. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you emigrated from a subSaharan African country since 1977?  |
| 7. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you been an inmate of a correctional facility or jail, or released from such a facility in the past twelve(12) months?   |
| 8. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Do you know of any episodes of trichomoniasis in a sexual partner?  |

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**DONOR MEDICAL HISTORY AND BEHAVIORAL RISK ASSESSMENT QUESTIONNAIRE**

- |     | Yes                      | No                                  |   |
|-----|--------------------------|-------------------------------------|---|
| 19. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you had more than one(1) sexual partner in the past six(6) months?   |
| 20. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever received human pituitary derived growth hormone?  |
| 21. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you been diagnosed with an auto-immune or malignant disease?   |
| 22. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you recently exhibited any unexplained weakness or fatigue or flu-like symptoms such as cough, cold, shortness of breath, swollen lymph nodes, nausea, vomiting, persistent diarrhea, night sweats or fever >100.5 F.? Demonstrated blue or purple spots/lesions on the skin or mucous membranes? Experienced significant weight loss? |

Having answered all the questions about medical diseases and behavioral risk factors, I certify that any answers given herein and/or in an oral interview with the representative of ZyGen Laboratory are true and complete to the best of my knowledge.