

ZYGEN LABORATORY

DONOR#: 311 DATE: 11027-02

PERSONALITY TRAITS:

Please describe your personality I am low-key, one who is humble and kind to others.

Please describe your goals and ambitions

To be a successful human being, not necessarily in a career like most people, I want to do something for mankind, something with meaning. Also, one day I would like to have a child.

What are your favorite foods? Italian foods. No meat though (vegetarian)

Where would you most like to live and why? Here in California. I feel this state offers the best opportunities, weather, and lifestyle.

Are you right or left handed? Right handed

Favorite animal and why? CATS. I grew up with 25 cats in the house.

Do you smoke cigarettes? No

Do you drink alcohol, if yes, how often? once or twice a month. (if that)

Do you or have you worn corrective lenses? I wore ~~corrective~~ glasses until I was 12.

Have you ever worn braces? yes

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

For one, this is one way of giving or helping out in some way. If my giving is or can help someone out, whether it be a study or for pregnancy use, then I feel that helps a cause. Secondly, frankly, I need the money. To be paid a fair amount for some spare time is hard to pass up, as I am living on my own with school and a low paying job.

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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: _____

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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: 1947 Place of Birth: Spain

Height: 5' 8" Weight: _____ 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.): cleft chin

Level of Education: College Occupation: Financial adviser, car dealer

Special Skills/Talents/Interests: water skiing, photography

Health: _____ Excellent Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

Birth Mother of Donor

Birth Year: 1947 Place of Birth: Los Angeles, CA

Height: 5' 9" Weight: _____ Eye Color: Blue Hair Color: Blonde
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 completed Occupation: CAT network

Special Skills/Talents/Interests: Animals, reading, traveling

Health: _____ Excellent Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

ZYGEN LABORATORY

DONOR#: 311 **DATE:** 01-27-02

Natural Brother #1 of Donor

Birth Year: 1970 Place of Birth: LA, CA

Height: 5' 11" Weight: 175 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.): cleft chin

Level of Education: College completed Occupation: Tennis Instructor

Special Skills/Talents/Interests: Excels in all sports, traveling,

Health: Excellent Good Fair Poor

Deceased (cause of death and age) _____

Natural Brother #2 of Donor

Birth Year: 1973 Place of Birth: LA, CA

Height: 5' 10" Weight: 210 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.): cleft chin

Level of Education: High school completed Occupation: Actor

Special Skills/Talents/Interests: Acting, writing, very caring, intuitive.

Health: Excellent Good Fair Poor

Deceased (cause of death and age) _____

ZYGEN LABORATORY

DONOR#: 311 **DATE** 01-27-02

Natural Sister #1 of Donor NA

Birth Year: _____ Place of Birth: _____

Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____
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: _____ Occupation: _____

Special Skills/Talents/Interests: _____

Health: _____ Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

Natural Sister #2 of Donor NA

Birth Year: _____ Place of Birth: _____

Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____
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: _____ Occupation: _____

Special Skills/Talents/Interests: _____

Health: _____ Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

ZYGEN LABORATORY

DONOR: 311

DATE: 11-27-01

Paternal Grandfather of Donor

Birth Year: _____ 1911 _____ Place of Birth: Spain _____

Height: 5'7" Weight: _____ 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.): cleft chin

Level of Education: _____ Occupation: Owner of several businesses

Special Skills/Talents/Interest: Very tactful, water skiing, boating.

Health: _____ Excellent _____ Good Fair _____ Poor

Deceased (cause of death and age) _____

Paternal Grandmother of Donor

Birth Year: _____ 1926 _____ Place of Birth: Spain _____

Height: 5'7" Weight: _____ Eye Color: Brown 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: _____ Occupation: None

Special Skills/Talents/Interests: _____

Health: _____ Excellent Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

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DONOR#: 311 DATE: 11-27-01

Maternal Grandfather of Donor

Birth Year: 1921 Place of Birth: NY NY

Height: <u>5' 10"</u>	Weight: _____	Eye Color: _____	Hair Color: <u>Black</u>
Shade: _____	Hair Type: _____	Complexion: _____	Body Frame: _____
_____ Dark	<input checked="" type="checkbox"/> Straight	_____ V.Fair	_____ Small
_____ Medium	_____ Wavy	<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Medium
<input checked="" type="checkbox"/> Light	_____ Curly	_____ Medium	_____ Large
		_____ Olive	
		_____ Dark	

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

Level of Education: High School Occupation: Business Owner

Special Skills/Talents/Interests: Reading Writing

Health: _____ Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) Died in 1974 possibly lung cancer (unsure)

Maternal Grandmother of Donor

Birth Year: 1926 Place of Birth: Lithuania

Height: <u>5' 5"</u>	Weight: _____	Eye Color: <u>Brown</u>	Hair Color: <u>Light Brown</u>
Shade: _____	Hair Type: _____	Complexion: _____	Body Frame: _____
_____ Dark	<input checked="" type="checkbox"/> Straight	<input checked="" type="checkbox"/> V.Fair	<input checked="" type="checkbox"/> Small
_____ Medium	_____ Wavy	_____ Fair	_____ Medium
<input checked="" type="checkbox"/> Light	_____ Curly	_____ Medium	_____ Large
		_____ Olive	
		_____ Dark	

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

Level of Education: High School Occupation: Retired

Special Skills/Talents/Interests: _____

Health: _____ Excellent _____ Good Fair _____ Poor

Deceased (cause of death and age) _____

ZYGEN LABORATORY

DONOR#: 311

DATE: 11-27-01

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
- b. schizophrenia
- c. severe depression/anxiety
- d. other psychiatric treatment

N/A

2. Nervous System

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

N/A

3. Skin

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

D (Teenage)

N/A

4. Blood

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

N/A

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FAMILY HEALTH HISTORY OF DONOR (Continued)

5. Heart

- a. cardiac disease/defect N/A
- b. heart attack N/A
- c. high blood pressure F, PC-F, PA
- d. stroke N/A
- e. other heart conditions N/A

6. Respiratory

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

7. Gastro-Intestinal

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

8. Urinary

- a. kidney stones F
- b. polycystic kidney N/A
- c. urinary tract disease N/A
- d. other N/A

9. Genital

- a. hemorrhoids N/A
- b. herpes N/A
- c. warts N/A
- d. other N/A

10. Bones/Joints/Muscles

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

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FAMILY HEALTH HISTORY OF DONOR (Continued)

11. Sight/Sound/Smell

- a. blindness N/A
- b. cataracts N/A
- c. glaucoma N/A
- d. color blindness D
- e. hearing loss PCF
- f. other N/A

12. Other

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

weight related (Obese)

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

FOR LABORATORY PERSONNEL ONLY

General Comments Good looking, tall, calm, pleasant.

DONOR#: 311

DONOR MEDICAL HISTORY AND BEHAVIORAL RISK ASSESSMENT QUESTIONNAIRE

- | | Yes | No | |
|-----|-------------------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Physical</i>
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 type="checkbox"/> | <input checked="" type="checkbox"/> | Do you take any medications on a regular basis? |
| 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? |
| 10. | <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? |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever had a positive test result for the HIV virus or been diagnosed with HIV? |
| 12. | <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?) |
| 13. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | In the past twelve(12) months have you received blood, blood products or had a transplant? |
| 14. | <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? |
| 15. | <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? |
| 16. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you emigrated from a subSaharan African country since 1977? |
| 17. | <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? |
| 18. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you know of any episodes of trichomoniasis in a sexual partner? |

DONOR #: 311

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.