

ZYGEN LABORATORY

DONOR#: 316 DATE: 1.17.03

DONOR PROFILE

Birth Year Only: 5/5/76 Place of Birth: Pasadena, CA

Racial Group: Caucasian _____ Black Hispanic _____ Other: _____

Ethnic Origin: Father: Black African/American Mother: Black African/American

Paternal Grandfather: Black African/American Maternal Grandfather: Black African/American

Paternal Grandmother: Black African/American Maternal Grandmother: Black African/American

Religion at Birth: Christian Practising?: no

PHYSICAL CHARACTERISTICS:

Height: 6'6 Weight: 215 Eye Color: br Hair Color: Black
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.) _____

EDUCATIONAL HISTORY:

	Years Completed	GPA	Grad. Date
High School	1 2 3 <u>4</u>	<u>3.0</u>	<u>6/94</u>
College/University	1 2 3 <u>4</u> 5	<u>3.0</u>	<u>5/01 - Calstate Chico</u>
Post Graduate	1 2 3 4	_____	_____

Major Study: Communications Minor Study: Theatrical Arts

Occupation: Actor

Academic Skills: good communicator, speech cost production video editor

Mechanical Skills: _____

Special Training: very knowledgeable with latest computer software, word

Special Talents/Interests (sports, music, etc.): 4 year collegiate basketball player. very athletic. Football, & track as well

Which language(s) do you speak fluently? English

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PERSONALITY TRAITS:

Please describe your personality out-going, ambitious hungry for knowledge, energetic, caring, pays close attention to detail.

Please describe your goals and ambitions
I'm eager to become a very good commercial actor, eventually leading to a leading role in a major motion film. I also plan to become a lucrative real-estate investor.

What are your favorite foods? Anything Italian, anything Spanish.

Where would you most like to live and why? Los Angeles It's home it suits my personality and I enjoy the fact that there are so many healthy people here.

Are you right or left handed? Right

Favorite animal and why? Dog, loyal, loving and caring

Do you smoke cigarettes? NO

Do you drink alcohol, if yes, how often? NO

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 believe that I am a loyal law abiding citizen who has and will continue to make positive contribution to society. Frankly I think there should be more people in the world like myself.

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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: 6/1/41 Place of Birth: Los Angeles

Height: 6 Weight: 170 Eye Color: Br Hair Color: Bl
 Shade: _____ Hair Type: _____ Complexion: _____ Body Frame: _____

<input checked="" type="checkbox"/> Dark	_____ Straight	_____ V.Fair	_____ Small
_____ Medium	<input checked="" type="checkbox"/> Wavy	_____ Fair	<input checked="" type="checkbox"/> Medium
_____ Light	_____ Curly	_____ Medium	_____ Large
		_____ Olive	
		<input checked="" type="checkbox"/> Dark	

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): none

Level of Education: High School Occupation: CMEF

Special Skills/Talents/Interests: Bread Cook/Pastries and Cuisine / etc.

Health: Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

Birth Mother of Donor

Birth Year: 10/15/42 Place of Birth: Los Angeles

Height: 5'9 Weight: 130 Eye Color: Br Hair Color: Bl
 Shade: _____ Hair Type: _____ Complexion: _____ Body Frame: _____

_____ Dark	_____ Straight	_____ V.Fair	<input checked="" type="checkbox"/> Small
<input checked="" type="checkbox"/> Medium	<input checked="" type="checkbox"/> Wavy	<input checked="" type="checkbox"/> Fair	_____ Medium
_____ Light	_____ Curly	_____ Medium	_____ Large
		_____ Olive	
		_____ Dark	

Other distinguishing characteristics (freckles, cleft chin, dimples, etc.): none

Level of Education: Some ~~College~~ Colledge Occupation: Secretary

Special Skills/Talents/Interests: Formally a hair dresser good cook.

Health: Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

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Natural Brother #1 of Donor

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 Brother #2 of Donor

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) _____

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Paternal Grandfather of Donor

Birth Year: 2 not sure Place of Birth: 2 Not sure

Height: 5'10 Weight: 175 Eye Color: Br Hair Color: B1
 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.): none

Level of Education: 2 Occupation: Retired

Special Skills/Talents/Interest: great golfer

Health: Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

Paternal Grandmother of Donor

Birth Year: 2 Place of Birth: 2

Height: 5'1 Weight: 115 Eye Color: Br Hair Color: B1
 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.): none

Level of Education: 2 Occupation: Retired

Special Skills/Talents/Interests: great cook

Health: Excellent _____ Good _____ Fair _____ Poor

Deceased (cause of death and age) _____

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

12. Other

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

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

IF I were to be a ~~child~~ paternal Father to this child
I would be the most caring fun-loving father I could
be. He/she would most likely want to play sports
and I would be there every step of the way watching,
he/she excel.

FOR LABORATORY PERSONNEL ONLY

General Comments Tall, Softspoken, handsome, confident, pleasant
Has slight acne scar on the cheeks.

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DONOR MEDICAL HISTORY AND BEHAVIORAL RISK ASSESSMENT QUESTIONNAIRE

- | | Yes | No | |
|-----|-------------------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Routine 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 disease 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? |

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DONOR MEDICAL HISTORY AND BEHAVIORAL RISK ASSESSMENT QUESTIONNAIRE

Yes No

- 19. Have you had more than one(1) sexual partner in the past six(6) months?
- 20. Have you ever received human pituitary derived growth hormone?
- 21. Have you been diagnosed with an auto-immune or malignant disease?
- 22. 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.