Date: **28-Jun-22**

DONOR PROFILE
GENERAL INFORMATION

Year of Birth: 1997 Place of Birth: United States

Racial Group/Color Code:
☒ Caucasian ☐ Black/Black ☐ Asian/Yellow ☐ Other/Red

Ethnic Origin/Ancestry: Mother: Norwegian, German Father: Italian, Polish

Do you practice religion? No If so, what religion?

Height: 6'0" Weight: 170 lbs Eye Color: Blue/Green Hair Color: Blond

Weight at birth: 8.7 lbs

Hair:	Hair Type:	Corrective Lenses:	Corrective Eye Surgery
☐ balding	☒ curly	☐ Yes	☐ Yes
☒ thin	☐ wavy	☒ No	☒No
☐ average	☐ straight		
☐ thick			

Blood Type: A Rh+

Bone Structure: ☐ Small ☒ Medium ☐ Large ☐ Very Large

Are you predominately: ☒ right-handed ☐ left-handed ☐ ambidextrous

Other distinguishing features (dimples, cleft chin, Roman nose, etc.): Dimples, Noticable jawline

---

Skin Characteristics:
Freckles: ☐ None ☒ Few ☐ Many

☐ Very fair (little to no ability to tan on sun exposure)
☐ Fair (skin will tan lightly on sun exposure)
☒ Medium (light color but will tan moderate to dark)
☐ Olive (pigmentation of unexposed skin) ☐ Light ☐ Moderate ☐ Dark
☐ Dark (unexposed skin) ☐ Light tan ☐ Dark Tan ☐ Brown ☐ Black

EDUCATIONAL BACKGROUND
(check highest level attained)

High School ☐1 ☐2 ☐3 ☒4 GPA: 3.2

College/University ☐1 ☒2 ☐3 ☐4 GPA: 3.0 ☒ B.A. ☐ B.S.

Major Area of Study: Social Science

Post Graduate ☐1 ☐2 ☐3 ☐4 ☐5+ GPA:____

Major:

Degrees Attained: ☐M.A. ☐M.S. ☐Ph.D. ☐M.D. ☐J.D. ☐D.D.S. ☐Other:

PERSONAL CHARACTERISTICS
(Please describe in some detail)

What is your native language?
English

What other languages do you speak?
None

Math Skills/Ability:
Average: did well enough to get A's and B's

Mechanical Skills:
Average

Athletic Skills:
Very athletic: played college soccer and grew up playing sports

What is your favorite sport?
Soccer

What are your Hobbies/Interests/Talents:
Playing sports and making art, I also like to cook a lot

Describe your artistic ability:
Pretty artistic and it brings me a lot of joy

Do you like animals? If so, which is your favorite?
Yes, cats

To where would you like to travel and why?
All over, but Asia is on the top of my list

How would you describe your personality?
Charismatic, funny, caring

What is your ultimate ambition or goal in life and how do you see yourself in twenty years?
To be happy is my ultimate goal. It would be nice to have money to enjoy things but I mostly want to travel and experience new cultures.

ADDITIONAL ACADEMIC INFORMATION

SAT Scores: Verbal Math Total

LSAT MCAT GRE

GMAT Other

FERTILITY HISTORY

Do you have any children? No

If yes, how many male children? female children?

For each child, please give age, and list any health problems:

Age Special Health Problems

Have you ever been responsible for any pregnancies other than those listed above? ☒ No ☐ Yes

If yes, what year did it occur?

Have you ever been refused as a blood donor? ☒ No ☐ Yes

If yes, explain:

Has anyone in your family had difficulty in achieving pregnancy? ☒ No ☐ Yes

If yes, explain:

Are there any twins or triplets in your family? ☒ No ☐ Yes

If yes describe:

FAMILY MEDICAL HISTORY

Note: The following questions require knowledge about your family's medical history. You may wish to have your mother or father assist you in obtaining the necessary information.

Has any member of your family, including yourself, had a problem or defect at birth in any of the following body systems?

1. Circulatory system ☒ No ☐ Yes
2. Gastrointestinal system ☒ No ☐ Yes
3. Genital/urinary system ☒ No ☐ Yes
4. Metabolic (hormones, enzymes, etc.) ☒ No ☐ Yes
5. Nervous system (brain, spinal cord, etc.) ☒ No ☐ Yes
6. Respiratory system ☒ No ☐ Yes
7. Skeletal system (bones, joints, muscles) ☒ No ☐ Yes
8. Organ (heart, lung, kidney, etc.) ☒ No ☐ Yes
9. Other: ☒ No ☐ Yes

If yes to any of the above, please list below the specific defect in each case.

Type of birth defect	Affected family member	Age at diagnosis	Relevant circumstances

Do you have any brothers or sisters who died in infancy or childhood? ☒ No ☐ Yes

If yes, what was the cause?

Are there any diseases or abnormalities that appear to run in your family? ☒ No ☐ Yes
If yes, indicate the disease(s) and the family member(s) affected.

Has anyone in your family, including yourself, experienced recurring and/or chronic symptoms that have not been evaluated by a physician? (Please include those symptoms that you may not consider serious.)
☒ No ☐ Yes

If yes, please describe:

Relatives	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M
Indicate number of relatives→	1	1	1	1	1	1	1	1								

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
1. Cardiovascular																		
A. congenital heart defect	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. atherosclerosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. arteriosclerosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. heart attack	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. high blood pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
2. Blood																		
A. anemia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. sickle cell anemia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. hemophilia or other bleeding problem	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. leukemia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. immune deficiency	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
3. Respiratory (lungs)																		
A. hay fever	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. asthma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. emphysema	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. tuberculosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. lung cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. pneumonia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
4. Skin																		
A. acne	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. eczema	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. melanoma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. skin cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. pigmentation disorders	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒

Comments: Paternal grandfather died of a heart attack

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
5. Gastro-intestinal																		
A. ulcer of stomach or duodenum	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. gall stones	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. hepatitis A (infectious)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. hepatitis B (serum)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. other liver disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. colon cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. ulcerative colitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
H. Crohn's disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
I. cystic fibrosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
J. intestinal cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
K. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
6. Urinary																		
A. kidney disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. disease of the urinary tract (urethra,bladder, ureter)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
7. Genital/Reproductive system																		
A. undescended testicle	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. hypospadias	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. prostate cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. uterine fibroids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. ovarian cysts	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. cancer of cervix or uterus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. breast cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
H. ovarian cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
I. Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒

Comments: N/A

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
8. Metabolic/Endocrine																		
A. diabetes mellitus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. hypoglycemia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. thyroid cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. thyroid disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. goiter	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. adrenal dysfunction or disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
9. Neurological																		
A. migraines	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. mental retardation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. senility before age 50	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. Alzheimer's disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. multiple sclerosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. epilepsy or seizure disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
H. hydrocephalus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
I. disorders of spinal cord	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
J. Huntington's disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
K. Gaucher disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
L. Wilson's disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
M. delay in growth and/or development	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☒ ☒
N. learning disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
O. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
10. Mental Health																		
A. schizophrenia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. manic depressive illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. other mental health disorders requiring hospitalization	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. severe depression with periods of inability to function	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒

Comments: N/A

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
11. Muscles/Bones/Joints																		
A. muscular dystrophy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. other chronic muscle disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. lupus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. deformity of spine	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. osteoporosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. dwarfism	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. hereditary low back disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
H. arthritis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
I. gout	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
J. other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
12. Sight/sound/smell																		
A. deafness before age 60	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. significant hearing loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. deformity of the ear	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. cataracts before age 50	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
E. blindness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
F. color blindness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
G. glaucoma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
H. deviated septum	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
I. any other sight/sound/ smell disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
13. Other																		
A. alcoholism	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
B. drug abuse, misuse, or addiction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
C. any other cancer not mentioned above	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
D. any other condition not mentioned above	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒

Comments: N/A

PERSONAL HEALTH HISTORY

Do you currently have any allergies? ☒No ☐Yes

If yes, they are to: ☐ Food ☐Drugs ☐Plants ☐Other

Please list specific substances and reaction (s) produced:

Substance	Reaction

Describe any childhood allergies you had:

How is your vision (without corrective lenses)? ☐Excellent ☒Good ☐Fair ☐Poor

Do you wear corrective lenses? ☒No ☐Yes Your vision is: 20/20

Are you: ☐Nearsighted ☐Farsighted ☐Other (specify)

Have you undergone corrective eye surgery? ☒No ☐Yes

Do you have any hearing impairments? ☒No ☐Yes
If yes, please describe:

Condition of your teeth (check one): ☒Good ☐Fair ☐Poor
Your diet is: ☒Good ☐Fair ☐Poor
Any dietary restrictions? None

Dietary supplements (vitamins, etc.)? None

How often do you exercise? ☒Regularly ☐Occasionally ☐Rarely
Type of exercise: Cardio and weightlifting

Have you ever had surgery? ☐No ☒Yes
If yes, please list all surgeries:
1) Vocal Cord Surgery Year: 2016
2) Year:
3) Year:
4) Year:

Have you had any hospitalization not already mentioned? ☒No ☐Yes
If yes, please explain:

PERSONAL HEALTH HISTORY
(Continued)

Have you had major x-ray exposure or other radiation exposure? ☒No ☐Yes

If yes, please explain:

Have you or your sexual partners ever had:	Myself	Partner	When
NSU (non-specific urethritis)	☒No ☐Yes	☒No ☐Yes	
Chlamydia	☒No ☐Yes	☒No ☐Yes	
Genital Warts (HPV)	☒No ☐Yes	☒No ☐Yes	
Genital Herpes	☒No ☐Yes	☒No ☐Yes	
Other (s)	☒No ☐Yes	☒No ☐Yes	

Type (s):

Have you ever been treated for any sexually-transmitted disease(s)? ☒No ☐Yes

If yes, for which disease(s):

When? Details?

When was the last time that you were treated?

Have you ever had any major illnesses such as amoebic dysentery, hepatitis, pneumonia, mononucleosis, etc.? ☒No ☐Yes

If yes, please explain:

Do you have any chronic medical problems or conditions? ☒No ☐Yes

If yes, please explain:

Have you ever been exposed to herbicides or toxic chemicals? ☒No ☐Yes

If yes, please explain:

Have you ever served in the military? ☒No ☐Yes

If yes, please explain:

PERSONAL HEALTH HISTORY
(Continued)

How many alcoholic drinks do you consume during an average week? 4

Have you ever had a drinking problem? ☒No ☐Yes

If yes, describe:

Have you ever been treated for alcohol or drug abuse? ☒No ☐Yes

If yes, describe:

Do you smoke cigarettes? ☒No ☐Yes

If yes, how many packs/day?

How long have you been smoking regularly?

FAMILY HISTORY SECTION

The following pages contain detailed information regarding the donor's family members. There is one page of information for each family member, including his parents, siblings, grandparents, aunts and uncles. If the donor has more than one sister, you will find more than one page with the title, "Sister of Donor". If the donor has no sisters, this page will be blank. The same applies to brothers, aunts and uncles.

For a summary of the number of family members, please refer to the top portion of page 6 in this profile.

FAMILY HISTORY
Mother of Donor

Year of Birth: 1965 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 4" Weight: 130 lbs Eye Color: Blue Hair Color: Blond

Hair:	Hair Type:	Vision:	Bone Structure:
☐ Balding	☐ Curly	☐ Excellent	☐ Small
☐ Thin	☒ Wavy	☒ Good	☒ Medium
☒ Average	☐ Straight	☐ Fair	☐ Large
☐ Thick		☐ Poor	☐ Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics
Freckles: ☐ None ☒ Few ☐ Many

☐ Very fair (little to no ability to tan on sun exposure)
☐ Fair (skin will tan lightly on sun exposure)
☒ Medium (light color but will tan moderate to dark)
☐ Olive (pigmentation of unexposed skin) ☐ Light ☐ Moderate ☐ Dark
☐ Dark (unexposed skin) ☐ Light tan ☐ Dark Tan ☐ Brown ☐ Black

Occupation: Self employed

Education: Bachelors degree

Special Skills or Characteristics:

If living, describe her health: ☐ Excellent ☒ Good ☐ Fair ☐ Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	☐1	☒2	☐3	☐4	Pessimistic
Assertive	☐1	☒2	☐3	☐4	Passive
Leader	☒1	☐2	☐3	☐4	Follower
Easy going	☐1	☐2	☒3	☐4	Controlling, rigid

FAMILY HISTORY
Father of Donor

Year of Birth: 1958 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6' 5" Weight: 290 lbs Eye Color: Brown Hair Color: Black

Hair:	Hair Type:	Vision:	Bone Structure:
☐ Balding	☐ Curly	☐ Excellent	☐ Small
☐ Thin	☒ Wavy	☒ Good	☐ Medium
☐ Average	☐ Straight	☐ Fair	☒ Large
☒ Thick		☐ Poor	☐ Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics
Freckles: ☒ None ☐ Few ☐ Many

☐ Very fair (little to no ability to tan on sun exposure)
☐ Fair (skin will tan lightly on sun exposure)
☐ Medium (light color but will tan moderate to dark)
☒ Olive (pigmentation of unexposed skin) ☒ Light ☐ Moderate ☐ Dark
☐ Dark (unexposed skin) ☐ Light tan ☐ Dark Tan ☐ Brown ☐ Black

Occupation: Lawyer

Education: Law school

Special Skills or Characteristics:

If living, describe his health: ☐ Excellent ☐ Good ☒ Fair ☐ Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	☐1	☒2	☐3	☐4	Pessimistic
Assertive	☒1	☐2	☐3	☐4	Passive
Leader	☒1	☐2	☐3	☐4	Follower
Easy going	☐1	☐2	☒3	☐4	Controlling, rigid

FAMILY HISTORY
Brother of Donor

Year of Birth: 1994 Place of Birth: USA

Relationship to Donor:

- ☒ Full sibling
- ☐ Half sibling: ☐ maternal ☐ paternal
- ☐ Adopted into family (DO NOT COMPLETE THIS FORM)

Height: 6' 2" Weight: 195 lbs Eye Color: Brown Hair Color: Brown

Hair:	Hair Type:	Vision:	Bone Structure:
☐ Balding	☐ Curly	☐ Excellent	☐ Small
☐ Thin	☒ Wavy	☒ Good	☒ Medium
☒ Average	☐ Straight	☐ Fair	☐ Large
☐ Thick		☐ Poor	☐ Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics
Freckles: ☒ None ☐ Few ☐ Many

- ☐ Very fair (little to no ability to tan on sun exposure)
- ☐ Fair (skin will tan lightly on sun exposure)
- ☐ Medium (light color but will tan moderate to dark)
- ☒ Olive (pigmentation of unexposed skin) ☒ Light ☐ Moderate ☐ Dark
- ☐ Dark (unexposed skin) ☐ Light tan ☐ Dark Tan ☐ Brown ☐ Black

Occupation: Lawyer

Education: Law school

Special Skills or Characteristics:

Does he have any children? ☒No ☐Yes

If yes, how many female children? male children?

If living, describe his health: ☒ Excellent ☐ Good ☐ Fair ☐ Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	☐1	☒2	☐3	☐4	Pessimistic
Assertive	☐1	☒2	☐3	☐4	Passive
Leader	☒1	☐2	☐3	☐4	Follower
Easy going	☐1	☒2	☐3	☐4	Controlling, rigid

FAMILY HISTORY
Sister of Donor

Year of Birth: 1993 Place of Birth: USA

Relationship to Donor:

- ☒ Full sibling
- ☐ Half sibling: ☐ maternal ☐ paternal
- ☐ Adopted into family (DO NOT COMPLETE THIS FORM)

Height: 5' 5" Weight: 150 lbs Eye Color: Brown Hair Color: Brown

Hair:	Hair Type:	Vision:	Bone Structure:
☐ Balding	☐ Curly	☐ Excellent	☐ Small
☐ Thin	☒ Wavy	☒ Good	☒ Medium
☐ Average	☐ Straight	☐ Fair	☐ Large
☒ Thick		☐ Poor	☐ Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics
Freckles: ☒ None ☐ Few ☐ Many

- ☐ Very fair (little to no ability to tan on sun exposure)
- ☐ Fair (skin will tan lightly on sun exposure)
- ☐ Medium (light color but will tan moderate to dark)
- ☒ Olive (pigmentation of unexposed skin) ☒ Light ☐ Moderate ☐ Dark
- ☐ Dark (unexposed skin) ☐ Light tan ☐ Dark Tan ☐ Brown ☐ Black

Occupation: Medical Assistant

Education: Med school

Special Skills or Characteristics:

Does she have any children? ☒No ☐Yes

If yes, how many female children? male children?

If living, describe her health: ☒ Excellent ☐ Good ☐ Fair ☐ Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	☐1	☐2	☒3	☐4	Pessimistic
Assertive	☐1	☒2	☐3	☐4	Passive
Leader	☒1	☐2	☐3	☐4	Follower
Easy going	☐1	☒2	☐3	☐4	Controlling, rigid

In Your Own Words…

Which words describe your personality and character?
Caring, charismatic

Which sports do you like to participate in?
soccer, hockey, golf, basketball

Which sports did you play as a child?
soccer, hockey swimming

Which sports do you enjoy watching?
soccer, basketball, golf

Do you play any musical instruments?
no

What is your most memorable childhood experience?
traveling to Italy for soccer

To which countries have you traveled?
Japan, Germany, Spain, Italy, France, Meixco

Describe one of your favorite vacations to another country:
going to Japan with my mom

Describe a few of your strong sides:
trustworth, caring

Describe a few of your weak sides:
anxious at times

Donor Essay

Why do you want to be a donor?
The money helps, I also think it's a smart and helpful thing to do.

Describe your relationship with your family. How has your family shaped your values and who you are today?
I am the youngest in my family, so I've been shaped greatly by my brother and sister. They have been very supportive. We are not a super close family because we live in separate areas, but we are still always in contact.

What makes you unique?
I think what makes me unique is that I enjoy being alone and doing things myself.

What are you most proud of and why?
I am most proud of my abilities to handle tough situations and make the right choices.

Handwritten message

If you could pass on a message to the recipient(s) of your semen, what would that message be?

My message would be that I am super proud to be chosen as your donor and that you have made a great choice. The genetics that I was lucky enough to recieve from my parents have been a blessing. I would like to say that I am extremely athletic and have succeded in almost all asiects of sports. I was also lucky enough to be given a very attractive set of genetics. I've been told I have a very nice bone structure as well as many other bodily features. But besides my outer features I am a very smart and caring individual who has a deep love for life. I hope that everything goes well and once again I am very happy to be chosen.

Donor : 12893