Date: **11-Sep-15**

DONOR PROFILE

GENERAL INFORMATION

Year of Birth: 1993 Place of Birth: USA

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

Ethnic Origin/Ancestry: Mother: German, French Father: German

Religion Born Into:
Donor: Christian Mother: Christian Father: Christian

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6'1" Weight: 200 lbs Eye Color: Blue Hair Color: Brown

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

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

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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:3.8

College/University ☐1 ☒2 ☐3 ☐4 GPA:4.0 ☐ B.A. ☐ B.S.

Major Area of Study: Chemical Engineering

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?
Spanish

Math Skills/Ability:
Strength in problem analysis, solution mapping

Mechanical Skills:
Good with analytical problem-solving.

Athletic Skills:
Sports since a child. Very athletic.

What is your favorite sport?
Football or tennis.

What are your Hobbies/Interests/Talents:

Describe your artistic ability:
I am creative, and draw and paint using charcoal, watercolors, and/or graphite.

What are your favorite foods?
Anything spicy.

What is your favorite color?
White.

Do you like animals? If so, which is your favorite?
Yes, the polar bear.

To where would you like to travel and why?
Rome for the history.

How would you describe your personality?
A good balance of introvert and extrovert qualities.

What is your ultimate ambition or goal in life and how do you see yourself in twenty years?
The goal is to develop a renewable, sustainable energy source through undeveloped means, using geothermal and thoreum resources.

ADDITIONAL ACADEMIC INFORMATION

SAT Scores: Verbal Math Total

LSAT MCAT GRE

GMAT Other

EMPLOYMENT/OCCUPATIONAL HISTORY

What is your current or most recent occupation? BioTech Office Manager

List all the jobs you have had in the past five years and any exposure to chemicals and gases. Please consider carefully.

Jobs/Duties (Do not name employer)	Year employment		Exposure to which chemicals, gases, etc.
	Began	Ended	
1. Stock associate	2012	2013	None
2. Sales associate	2011	2012	None
3. Operations director	2013	2015	None
4.	Click	Click	
5.	Click	Click	
6.	Click	Click	

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	3	1	1	1	1	1	2	3	1	1	0	2	5	7

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: **Overweight sister has high blood pressure. Mother had melanoma but it was caught before it became cancerous.**

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: Grandfather had colon removed around age 50. No one else in the family has been affected by colon cancer.

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: Grandmother developed Alzheimer's at age 98. Mother had thyroid removed at age 30.

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 w/corrective

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?

Dietary supplements (vitamins, etc.)?Multi vitamin, B complex, fish oil, gingko bibba

How often do you exercise? ☒Regularly ☐Occasionally ☐Rarely
Type of exercise: Weights, cardio

Have you ever had surgery? ☐No ☒Yes
If yes, please list all surgeries:
1) Tonsil removal Year: 2009
2) Finger surgery Year: 2014
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)

Please list any medications you are currently taking: None

Please list any prescription, non-prescription or recreational drugs that you have used or are currently using.

Describe any drug use as indicated below.

Name of Drug	Date Started	Date Ended	Frequency of use	How used?

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

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 1968 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 6" Weight: 180lbs Eye Color: Brown 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: Pastor

Education: Some college

Special Skills or Characteristics: Artistic, outgoing

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 1967 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6' 0" Weight: 210lbs Eye Color: Blue Hair Color: Dark 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.): Slightly cleft chin, strong jawline, dimples

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: Business owner

Education: High school

Special Skills or Characteristics: Handyman, builder, mechanical skills

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 1992 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: 120lbs Eye Color: Green 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: Child-abuse counselor

Education: Graduated college

Special Skills or Characteristics: People skills, outgoing

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

FAMILY HISTORY
Sister of Donor

Year of Birth 1983 Place of Birth: USA

Relationship to Donor:

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

Height: 5' 6" Weight: 190lbs 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: Dental hygenist

Education: Some college

Special Skills or Characteristics: Selfless

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

FAMILY HISTORY
Sister of Donor

Year of Birth 1985 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: 165lbs 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: Stay-at-home mother

Education: Some college

Special Skills or Characteristics: Very intelligent--genius level

Does she have any children? ☐ No ☒ Yes

If yes, how many female children? male children? 1

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
Brother of Donor

Year of Birth 1988 Place of Birth: USA

Relationship to Donor:

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

Height: 6' 1" Weight: 215lbs Eye Color: Blue 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: Business owner

Education: High school

Special Skills or Characteristics: People person

Does he have any children? ☐ No ☒ Yes

If yes, how many female children? male children? 1

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
Maternal Grandmother of Donor

Year of Birth 1939 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 4" Weight: 145lbs 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: Beautician

Education: High school

Special Skills or Characteristics: Very giving

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
Maternal Grandfather of Donor

Year of Birth 1942 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6' 0" Weight: 180lbs Eye Color: Blue Hair ColorBlond

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: Engineer

Education: College degree

Special Skills or Characteristics: Handyman, mechanical skills

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
Paternal Grandmother of Donor

Year of Birth 1914 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 5" Weight: 110lbs Eye Color: Blue 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: Nurse during WWII, stay-at-home mother

Education: College graduate

Special Skills or Characteristics: Raising children

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

If deceased, give cause and age at time of death: Naturdal causes, 100

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
Paternal Grandfather of Donor

Year of Birth 1920 Place of Birth: Germany

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 10" Weight: 170lbs Eye Color: Blue Hair Color: Dark 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.): Dimples

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: Artist, designer

Education: High school

Special Skills or Characteristics: Attention to detail, handyman

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

If deceased, give cause and age at time of death: Motorcyle accident, 75

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
Maternal Aunt of Donor

Year of Birth 1970 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 10" Weight: 160lbs Eye Color: Brown 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: Paralegal

Education: Post-graduate degree

Special Skills or Characteristics: Leader

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

FAMILY HISTORY
Maternal Aunt of Donor

Year of Birth 1976 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 5" Weight: 130lbs 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: Human resources

Education: High school

Special Skills or Characteristics:

Does she have any children? ☐ No ☒ Yes

If yes, how many female children? male children? 2

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
Maternal Uncle of Donor

Year of Birth 1978 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 8" Weight: 155lbs Eye Color: Brown Hair ColorBlond

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: Business owner

Education: Some college

Special Skills or Characteristics: Handyman, friendly

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
Paternal Aunt of Donor

Year of Birth 1970 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6' 0" Weight: 180lbs Eye Color: Blue Hair ColorBrown

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.): Dimples

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: Health care

Education: College graduate

Special Skills or Characteristics:

Does she have any children? ☐ No ☒ Yes

If yes, how many female children? 1 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

FAMILY HISTORY
Paternal Aunt of Donor

Year of Birth 1972 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 10" Weight: 160lbs Eye Color: Brown Hair ColorBrown

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: Teacher

Education: College graduate

Special Skills or Characteristics: Love for young children

Does she have any children? ☐No ☒Yes

If yes, how many female children? male children? 2

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
Paternal Aunt of Donor

Year of Birth 1974 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5' 9" Weight: 130lbs Eye Color: Blue Hair ColorBrown

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: Stay-at-home mother

Education: High school

Special Skills or Characteristics: Family-oriented

Does she have any children? ☐No ☒Yes

If yes, how many female children? male children? 2

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
Paternal Uncle of Donor

Year of Birth 1971 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 6' 0" Weight: 190lbs Eye Color: Blue 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: Business owner

Education: High school

Special Skills or Characteristics: Handyman

Does he have any children? ☐ No ☒ Yes

If yes, how many female children? 1 male children? 1

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

In Your Own Words…

What did you do immediately after high school?
Applied for college.

Which words describe your personality and character?
Goal-oriented, patient

Which sports do you like to participate in?
Tennis, anything competitive

Which sports did you play as a child?
Football, track, tennis, wrestling

Which sports do you enjoy watching?
Football, baseball

Do you play any musical instruments?
Guitar

What is your most memorable childhood experience?
Family trip to Disneyland

To which countries have you traveled?
Canada

Describe one of your favorite vacations to another country:
I visited my friend in college who lived in Canada at the time.

Describe things you like the most about your own country:
Education, job availability, room for advancements in daily life

Describe a few of your strong sides:
Leader, self-aware, problem solver

Describe a few of your weak sides:
Too optimistic and too trustworthy

Donor Essay

Why do you want to be a donor?
I simply want to help people who need it to have children.

Describe your relationship with your family. How has your family shaped your values and who you are today?
My family has taught me to stay determined, humble, and self-aware.

What makes you unique?
I believe I am a good balance of what makes a human successful.

What are you most proud of and why?
I am most proud of what I have overcome, and my ability to see the goals of the future.

Handwritten message

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

Although I may not know you now, or ever, there are somethings I want you to know.
I want you to know that I truly wish you the best life one can live.
It is a true honor if you have chosen me to be your donor.
I hope you get to enjoy all the experiences that come with a child.
I wish you the best in your new experiences to come.

Thank you and God bless.