

DONOR PROFILE COVER LETTER

March 10, 2017

Dear Client,

The following document contains donor profile information for Donor 01170.

Donor 01170 completed a Donor Profile in September 1990. The donor completed a second Donor Profile in August 1991.

The following document is a **copy** of the donor's profile from August 1991. It was edited by California Cryobank (CCB) staff in February 2017 to be consistent with current policies such as removal of names and birthdates. This profile has been reviewed and approved by CCB's Medical Director.

PLEASE NOTE: The information in the profile is limited to the information that the donor reported to CCB and understood to be accurate at the time he completed the profile. It does not include any updated information that the donor may have reported to California Cryobank after that date. Please contact the Genetics Department at (877) 743-6384 to obtain any medical history updates that may be available for this donor.

Sincerely.

Kara Baldwin, MS, LCGC

Genetic Counselor

Donor #: 1170

Date: 8 126, 91

DONOR PROFILE

GENERAL INFORMATION

Year of Birth: 197 /	Place of Birt	h: United State	s of America	
Racial Group: 「文 Caucasian				
Religion Born into:				,
If Jewish: \(\overline{\pi} \) Ashker	nazi	☐ Sephardic	☐ Orie	ental
Height: $5'1''$ Weight:	195	Eye Color: <u>CR</u>	Blood T	ype: AB+
Hair Color: SLONDE Hair: (chec ☐ Balding ☐ Thin ☑ Average	9	Hair Type: (check Curly Wavy Straight	one) Correct ☑ No ☐ Yes	ive Lenses:
Bone Structure:	☐ Small	☐ Medium	⊠ Large [☐ Very Large
Are you predominately:	🖄 right-ha	nded 🔲 left	t-handed [ambidextrous
Other distinguishing features (dimples,	cleft chin, ron	nan nose, etc.):		
Skin Characteristics: Freckles: Very fair (little to no ability to ta Eair (skin will tan lightly on sun Medium (light color but will tan Olive (pigmentation of unexposed skin):	exposure) moderate to ded skin):	osure) `dark)	☐ Few ☐ Moderate ☐ Brown	☐ Numerous ☐ Dark ☐ Black
ED	UCATIONAL (circle highest	BACKGROUND level attained)		
High School 1 2 College/University 1 2 Major Area of Study:		GPA: 3.7 GPA: 3.0	B.A	B.S
Post Graduate 1 2	' 1	5+ GPA:	Major:	
Degrees Attained: M.A. M.S	S. Ph.D.	M.D. J.D. D.D.	S. Other:	

Donor #:	1170	
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PERSONAL CHARACTERISTICS

(Please describe in some detail)

Math Skills/Ability: High math 5kills -> Calculus +
Mechanical Skills: Average
Athletic Skills (type sports, etc.): Average - raquetball - football
What is your favorite sport?
Musical Skills: None
What is your favorite type of music? <u>All +ype5</u>
What languages do you speak? <u>Finchish</u> , some spainish, some Kebren Special Hobbies/Talents: <u>Scubal diving</u>
Describe your artistic abilities. (sood at drawing)
What are your favorite foods? Italian, Mexican, A Asian What is your favorite color? Red
Do you like pets? If so, which is your favorite? Yes - All type-s
Tyopical Islands - Suba diving
How would you describe your personality? <u>fun</u> and wity, always try ing to have a good time
Nhat is your ultimate ambition or goal in life? have children and a family and live a happy and healthy life.

Donor #:	1170

ADDITIONAL ACADEMIC INFORMATION

SAT Scores:	Other emic and professional Pre Vet Socie	500	Math	7.70	Total	1270				
	LSAT		MCAT		_ GRE					
	Other _									
	•									
LSAT MCAT GRE										
What is your c	urrent or n	nost recent occ	upation?	NEW	SPAPER					

Please list all the jobs you have had in the past five years and your exposure to chemicals, drugs and gases. Please consider carefully.

	laba/Dudica	Year of Er	nployment	Exposure to Which Drugs,
	Jobs/Duties (Do not name employer)	. Began	Ended	Chemicals, etc.
1.	Galesman	1938	1990	none
2.				
3.				·
4.				
5.				
6.				

Donor #:	1170

FERTILITY HISTORY

Note:	medical history.	uestions require knowledge about your me You might wish to have your mother or facerning grandparents or cousins.	-	-	•
-	nave any childrer s, how many mal	n? le children? female childre	en?	⊠. N	o 🗌 Yes
For e	each child, pleas <u>Age</u>	e give their age and any special health pro Special Health <u>Problems</u>	blems they i	might h	ave:
		onsible for any pregnancy other than those		e? ĎĹNo	o ∐ Yes
,	.,				
Have you	u ever donated s	perm?		☐ No	Yes 🔯
If yes Whe	s, when? ${}$	Cryobank For how	v long?	į	Year
How	many births resu	alted from your donations?			
Have you	ı ever had a sem	nen analysis?		⊠ No	Yes 🗌
If yes	s, result:				
Have you	ı ever been refus	sed as a blood donor?		Ď No	Yes
If yes	s, explain:				
-	-	had difficulty in achieving a pregnancy?		Ŋ No	Yes
If yes	s, explain:				***************************************
Are there	any twins or trip	lets in your family?		⊠ No	Yes
If yes	, describe:				

Donor #	11	70	

FAMILY HISTORY

noider denede.,						
	n evaluated by a phys			d/or chronic physical s mptoms that you may ☑ No	not	ms Yes
If yes, indicat	e the disease(s) and	the family member	(s) affected.			
re there any dis your family?	eases or abnormalitie	s conditions that a	opear to run	⊠₋ No		Yes
	brothers or sisters w	_		 No		Yes

Type of Birth Defect	Affected Family Member	When Did This Happen?	Re	elevant Circumstances	<u></u>	
yes to any of t	he above, please list	below the specific	defect in each	n case.		
	nuscles, joints, limbs		⊠ No ☑ No	☐ Yes ☐ Yes		
	ic (hormones, enzyme system, brain, spinal		⊠ No ⊠ No	☐ Yes ☐ Yes		
	itestinal system		⊠ No ⊠ No	☐ Yes		
	rculation tory system	o.,	⊠ No ⊠ No ⊠ No	☐ Yes ☐ Yes ☐ Yes		
1. Organ (heart, lung, kidney, et	·c 1	FET ALL	□ Vaa		

FAMILY HISTORY

(Continued)

	Moth-	n- Fath-	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins	
Relatives	er	er	F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	M
Please indicate the number of each in the blank boxes:	1	1	0	ì	1	1	1	1	.2.	0	0	1	3	2	0	0

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

	ndicate (by a checkmark)		Moth-			ings			parent		At			cle	Ma	at.	Pa Cou	at.	No
	Medical Problem	You	er	er	F	М	мдм	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one
1. Hei	art																		
Α.	heart disease/defect																		X
	1. from birth																		
	2. other																		
B.	heart attack																		X
C.	hardening of arteries																		X.
D.	high blood pressure							X											
2. Bio	od																		
A.	anemia	<u> </u>																	X
В.	sickle-cell anemia																		X
C.	hemophilia or other bleeding problem																		<u>X</u>
D.	leukemia																<u> </u>		X
E.	immune deficiency																		X
F.	other blood disorder																		X
3. Re:	spiratory (lungs)																		
Α.	hay fever								<u> </u>					<u> </u>	_				Χ.
B.	asthma													<u> </u>					X
C.	emphysema	c						X											<u> </u>
D.	tuberculosis												_						X
E.	lung cancer						X				Х								<u> </u>
F.	pneumonia		X			X			<u> </u>							<u>L</u>	<u> </u>		
G.	other lung disease																<u> </u>		X
4. Ski	n																		
A.	acne													<u> </u>	<u> </u>				X
B.	eczema													<u> </u>	<u> </u>	<u> </u>	<u> </u>		LX
C.	skin cancer													ļ	<u></u>	<u> </u>	<u> </u>		X
D.	pigmentation disorders												<u> </u>		<u></u>			<u> </u>	X
E.	melanoma																<u></u>		X
F.	other disorders of the skin																		λ

Donor #	1	7	1)	

FAMILY HISTORY (Continued)

			Moth-	Fath-	Sibli	ings	(Grandp	oarent	S	Αι	unt	Un	cle		at. Isins		at. sins	140
	Medical Problem	You	er	er	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	on
s. Ga	stro-Intestinal																		
A.	ulcer of stomach or duodenum																		Х
В.	gall stones	<u> </u>																<u> </u>	X
C.	hepatitis A (infectious)	<u> </u>		X											<u> </u>	<u> </u>			
D.	hepatitis B (serum)																	ļ	X
E.	other liver disease										ļ								X
F.	colon cancer																	_	X
G.	ulcerative colitis												<u> </u>						X
Н.	Crohn's disease																		×
t.	cystic fibrosis																		\perp
J.	intestinal cancer							<u></u>											×
K.	any other disease or problem of digestive system																		×
3. Un	nary																		
Α.	kidney disease																<u> </u>		×
B.	other disease of urinary tract (urethra, bladder, ureter)																		×
C.	other																		\perp
	nital/Reproductive stem																		
Α.	undescended testicle					<u> </u>									<u> </u>	-	<u> </u>	<u> </u>	
B.	hypospadiasis				<u> </u>			ļ				<u> </u>			<u> </u>	<u> </u>	1_	<u> </u>	1
C.	prostate cancer												<u> </u>		<u> </u>		ļ		
D.	uterine fibroids							ļ	<u> </u>		_			<u></u>	ļ	<u> </u>		_	X
E.	ovarian cysts										<u></u>				<u> </u>		<u> </u>		1×
F.	cancer of cervix, ovaries or uterus						X									_	<u> </u>		
G.	other	1									l _]	<u> </u>	l					\perp

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Donor	#	 17	70	
		 		

FAMILY HISTORY

(Continued)

			Moth-	Eath	Sibl	ings		Grand	parent	s	А	unt	Ur	ncle	M Cou	at. Isins	Pa Cou		No
	Medical Problem	You	er	er	F	М	мдм	MGF	PGM	PGF	Mat	Pat	Mat	Paţ	F	М	F	М	one
8. Me	tabolic/Endocrine																		
Α.	diabetes mellitis							X											
В.	hypoglycemia					X		X											
C.	thyroid cancer																		Х
D.	thyroid disease																		×
E.	goiter																		X
F.	adrenal dysfunction or disorder																		χ
G.	other																		\mathcal{X}
9. Ne	ної рої рої рої рої рої рої рої рої рої р																		
A.	migraines																		X
В.	mental retardation																		1
C.	senility before age 50																		X
D.	Alzheimer's disease									X									,
E.	multiple sclerosis																		X
F.	cerebral palsy																		X
G.	epilepsy or seizure disorder	·																	χ
H.	hydrocephalus (water on brain)																		χ
1.	disorders of spinal cord																		X
J.	Huntington's disease																		X.
K.	Gaucher's disease																		χ
L.	Wilson's disease																		<u>X</u>
	other diseases of the nervous system																		χ.
***************************************	ntal Health																		
	schizophrenia																		
	manic depressive illness																		, Х
C.	other mental health disorders requiring hospitalization																		χ.
D.	severe depression with periods of inability to function																		X

Comments:			

Donor # 117D	
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FAMILY HISTORY (Continued)

			Moth-	Fath-	Sibl	ings		Grand	parent	s	Α	unt	Un	ncle		at. Isins	Pa Cou	at. sins	No
	Medical Problem	You	er	er	F	М	мдм	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one
11, Mu	scles/Bones/Joints																		
A.	muscular dystrophy																		
В.	other chronic muscle disease																		
C.	lupus																		
D.	deformity of spine	\checkmark																	
E.	osteoporosis																		
F.	dwarfism																		
G.	hereditary low back disease																		
H.	arthritis (rheumatoid, osteo-, unknown type)																		
1.	gout																		
J.	other disease																		
12. Sig	ht/Sound/Smell																		
Α.	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																		
Н.	deviated septum																		
I.	any other sight/sound/ smell disorder																		
13. Oth	nér																		
Α.	alcoholism																		
B.	drug abuse, misuse or addiction																		
C.	breast cancer										X								
D.	any other cancer not mentioned above																		
E.	any other condition not mentioned above											anning Select							

Comments:

11.D Scoliasis of	liagnased at age 10;	he "outgrew" it.	No evidence
of scolingis on	physical examination	done October, 1990	

		Donor #:	1170
PERSO	ONAL HEALTH H		
Do you currently have any allergies? If yes, are they to: Food	☐ Drugs	☐ No ☐ Plants ☑	⊠ Yes Other
Please list specific substances and reaction	on(s) produced:		
Substance		Reaction	
Animals	Sme	eering	
Describe all childhood allergies you had:	Ania	mals, milk	pillow
How is your vision (without corrective lenses? Your vision is: 20/ <u>7 c²</u>			air 🗌 Poor 🗍 Yes
Are you: Nearsighted] Farsighted	Other (specify)	WW.
Do you have any hearing impairments?		忆 No	☐ Yes
If yes, please describe:			
Condition of your teeth (check one):	∫[Good	☐ Fair	☐ Poor
our diet (check one):	⊠ Good	☐ Fair	☐ Poor
Any dietary restrictions?			2.5012
Dietary supplements (vitamins, etc.)?	No		
How much exercise do you get? Type of exercise:	☐ Regularly	√∑ Occasionally	☐ Rarely
Have you ever had surgery? If yes, please list all surgeries. 1)			☐ Yes
2)		Year:	
Have you had any hospitalization not alre		⊿kj No	☐ Yes
If yes, please describe:			

Donor	#:	1170

PERSONAL HEALTH HISTORY

(Continued)

lave you had major x-ray exposure or oth			⊠ No		Yes
lave you ever been treated for a sexually	r-transmitted dise	ase?	⊠ No		Yes
If yes, please explain what type:					
When?	Details?				
When was the last time you were trea	ated?				
lave you or your sexual partners ever ha	d:		Myself/Partn	er	When
NSU (non-specific urethritis)	△ No	☐ Yes			
Chlamydia	🖄 No	☐ Yes			
Venereal Warts	☑ No	Yes			
Herpes Other sexually transmitted diseases Type:	∏ No ∑ No	☐ Yes ☐ Yes ——			
lave you ever had any major illnesses su nononucleosis, etc.?			epatitis, pneumo ⊠ No	onia,	Yes
If yes, please describe:					
ny chronic medical problems/conditions?	?		⊠ No		Yes
If yes, please describe:			A LOCAL COLLEGE COLLEG		
lave you ever been exposed to herbicide			⊠ No		Yes
If yes, please describe:		· · ·			
lave you ever served overseas in the mi			⁄② No		Yes
If yes, please describe and give date	or service:	· · · · · · · · · · · · · · · · · · ·			Len

Donor #:	 170	

PERSONAL HEALTH HISTORY

(Continued)

Please list all medication	ns you are currentl	None		
Please list any prescrip using. Describe your d			drugs that you have us	sed or are currently
Name of Drug	Date Started	Date Ended	Frequency of Use	How Used?
How many drinks per a	verage week do yo	u consume?	Ô	
Have you ever had a di	rinking problem?		☑ No	☐ Yes
If yes, describe:				
Have you ever been tre	eated for alcohol or	drug abuse?	√ No	☐ Yes
If yes, describe: _				
Do you smoke cigarette	es?		⊠ No	☐ Yes
If yes, how many pa	acks/day?			
How long have you	been smoking regu	ılarly?		
Do you drink coffee?			□ No	[∄ Yes
If yes, how many co	ups/day?	2		

FAMILY HISTORY SECTION

Pages 15 through 26 contain detailed information regarding the donor's family members, including his parents, siblings, grandparents, aunts and uncles. One page is used for each family member. Therefore, if the donor has more than one sister, you will find more than one page 17. If the donor has no sisters, page 17 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.

Donor #: ________

THIS PAGE INTENTIONALLY LEFT BLANK.

Donor #:	1170	

FAMILY HISTORY (Continued) Mother of Donor

Year of Birth: 19 <u>부</u> 실	_	Place of Birt	th: United S	tates of	<u>America</u>	
Racial Group: Caucasian [Black	☐ Asia	ın	_ 🗆	Other:	
f Jewish:	刘 Ashkenazi	☐ Sep	hardic		Oriental	
Height: 5'5"	Weight:)	50	Eye Color:	6ve		
Hair Color: Blondt	Hair (check Balding Thin Average		Hair Type (che Curly 以 Wavy Straight	eck one)		
Vision:	xcellent 🔼	Good	☐ Fair		☐ Poor	
Bone Structure: 🔲 S	mall 🔲	Medium	∠ Large		☐ Very	_arge
Other distinguishing feat	ures (dimples, c	cleft chin, ro	man nose, etc.):	:		
Skin Characteristics: Freckles: Very fair (little to Sair (skin will tan Medium (light co Dive (pigmentat Dark (unexposed	n lightly on sun older but will tan in it is in	exposure) moderate to ed skin):] Light Ta	dark) □ Slight n □ Dark Ta	n 🗍 E	Moderate Brown	☐ Numerous☐ Dark☐ Black
Occupation: Section Section Section: Section S	cretary	1	,			
Education: high	n Solver	,				
Special skills or characte	eristics:		una de la companya d	***************************************	·	
Describe her health:	☐ Excell	ent 🖄 o	Good 🔲	Fair	F	oor
What kind of person is/v Optimistic Assertive 1 Leader 1 Easy going 1	2 2 2	3 (3) (3) 3	4 P	essimistic assive ollower controlling		

Donor #:	1 /	-/	0	

FAMILY HISTORY (Continued) Father of Donor

Year of Birth: 19 <u>박</u>	4	Place of Bir	th: Avge	ntim	
Racial Group: Caucasian	☐ Black		an		
If Jewish:		azi 🗌 Sep	ohardic	☐ Oriental	
Height: $\frac{5'9'}{}$		200	Eye Color: 81	<u>J</u>	
Hair Color: Brown	⊠ Bald ☐ Thir	=	Hair Type (check ☐ Curly ☐ Wavy ☑ Straight	one)	
Vision:	Excellent	区 Good	☐ Fair	☐ Poor	
Bone Structure: 🗵	Small	☐ Medium	☐ Large	☐ Very l	Large
Other distinguishing f	eatures (dimplo	es, cleft chin, ro	man nose, etc.):		
Fair (skin will Medium (light Olive (pigment Dark (unexpo	tan lightly on s color but will ntation of unex sed skin):	tan moderate to cosed skin): Light Ta	oosure) dark) Slight n Dark Tan	Few Moderate Brown	☐ Numerous ☐ Dark ☐ Black
Occupation:	2011050				
Special skills or chara	/				
Describe his health:	L	cellent [] eceased (give c	Good	r	oor
What kind of person Optimistic Assertive Leader Easy going	is/was he? 1 2 1 2 1 2 1 2 1 2	(3) 3 3 3	4 Pessi 4 Passi 4 Follov 4 Contr	ve	

Donor #: 1170

FAMILY HISTORY (Continued) Sister of Donor

	۱)	\bigcirc	N	5
1	IV	\smile	\sim	(.

Year of Birth: 1	9		Place of	Birth: _		
Relationship to [Oonor:	☐ Full sil☐ Half si ☐ Adopte	bling			PLETE THIS FORM.)
Height:	V	Veight:		Eye	Color:	
Hair Color:		Hair (chec □ Baldin □ Thin □ Averaç	g		Type (che Curly Wavy Straight	ck one)
Vision:	☐ Excel	lent [] Good	[Fair	Poor
Bone Structure:	☐ Small] Medium	[Large	☐ Very Large
Other distinguishi	ng features	(dimples,	cleft chin, i	roman no	ose, etc.):	
☐ Fair (skin ☐ Medium (☐ Olive (pig	little to no a will tan ligh light color be mentation of xposed skir	tly on sun ut will tan f unexposi n):	exposure) moderate to ed skin): Light T	xposure) o dark) an	Slight Dark Tan	☐ Few ☐ Numerous ☐ Moderate ☐ Dark ☐ Brown ☐ Black
Education:						
Special skills or ch	naracteristic	s:				
Describe her healt	h:	☐ Excelle	ent [] sed (give c	Good ause): _	F	air 🔲 Poor
Does she have an If yes, how ma		ildren?		female	e children?	□ No □ Yes
What kind of perso	n is/was sh	e?				
Optimistic	1	2	3	4	Pess	simistic
Assertive	1	2	3	4	Pass	ive
Leader	1	2	3	4	Follo	wer
Easy going	1	2	3	4	Cont	rolling, rigid

	1170
Donor #:	1 1

FAMILY HISTORY (Continued) Brother of Donor

Year of Birth: 19 💪 🤦	Place of Bir	th: United States of America	
Relationship to Donor:	 -	(DO NOT COMPLETE THIS FORM.) Eye Color: 3	
Height: 56	Weight: <u>195</u>	Eye Color:	
Hair Color: <u>V Vown</u>	Hair (check one) Balding Thin Average	Hair Type (check one) □ Curly □ Wavy □-Straight	
Vision: ∑́_ Exc	ellent 🗌 Good	☐ Fair ☐ Poor	
Bone Structure: Sm	all 🔀 Medium	☐ Large ☐ Very Large	
Other distinguishing featur	es (dimples, cleft chin, ro	man nose, etc.):	
Fair (skin will tan Fair (skin will tan Medium (light cold Olive (pigmentation Dark (unexposed		dark) Slight Moderate Dark Dark Tan Brown Black	-
Occupation:	11020		
Education:	Ollenk		
Special skills or character	istics:		
Describe his health:		Good	
Does he have any childre If yes, how many mal	n? e children?	female children?	Yes
What kind of person is/wa Optimistic 1 Assertive 1 Leader 1 Easy going 1	2 (3) (2) 3 (2) 3 (2) 3	4 Pessimistic 4 Passive 4 Follower 4 Controlling, rigid	

Donor #:	1170	

FAMILY HISTORY (Continued) Maternal Grandmother of Done

Year of Birth: 19	13	Place of Bir	th: <u>United Stat</u>	es of America
Racial Group: Caucasian	☐ Black	☐ Asia	ın	Other:
If Jewish:	:图 Ashken	azi 🗌 Sep	hardic	☐ Oriental
Height: 5'5'	Weight:	130	Eye Color: 8	<u>ue</u> .
Hair Color: Brown	Hair (ch ☐ Bald ☐ Thir ☒ Ave	1	Hair Type (check □ Curly ☑ Wavy □ Straight	one)
Vision:] Excellent	☐ Good	☐ Fair	☐ Poor
Bone Structure:] Small	☐ Medium		☐ Very Large
Other distinguishing	features (dimple	es, cleft chin, ron	nan nose, etc.):	
☐ Fair (skin wil ☐ Medium (ligh	e to no ability to I tan lightly on s It color but will to Intation of unexp	an moderate to d	lark) □ Slight	☐ Few ☐ Numerous ☐ Moderate ☐ Dark ☐ Brown ☐ Black
Occupation:	mothe	'v		
Education:	little			
Special skills or chara	acteristics:			
Describe her health:	_	cellent	ood	
What kind of person i Optimistic Assertive Leader ' Easy going	is/was she? 1	3 3 3 3	4 Pessir 4 Passiv 4 Follow 4 Control	/e

FAMILY HISTORY (Continued)

Maternal Grandfather of Donor

Year of Birth: 19 1	<u> </u>	ace of Birth: _	<u>United States c</u>	f America
Racial Group:			_	1. Other ::
〇 Caucasian	☐ Black	Asian		Other:
If Jewish:	⊠ Ashkenazi	☐ Sephardi	c [] Oriental
Height:		Eye	Color: Blue	_
Hair Color: Brown	Hair (check or ☐ Balding ☑ Thin ☐ Average	\(\)	Type (check one Curly Wavy Straight)
Vision:	Excellent [] (Good		☐ Poor
Bone Structure:	Small	Medium	☐ Large	▼ Very Large
Other distinguishing fea	atures (dimples, cle	ft chin, roman r	ose, etc.):	
☐ Fair (skin will to ☑ Medium (light o		posure) oderate to dark) skin): Light Tan	Slight	Moderate
Education:	little			
Special skills or charac	teristics:			
Describe his health:	☐ Excellent ☐ Decease	t ☐ Good d (give cause):	☐ Fair pulm <i>e</i> n	Poor Any fibrosis 74 at-death (Smoker)
What kind of person is				· · ·
-	1 Ø	3 4	Pessimist Passive	IC
Assertive Leader	1 2	3 4	Follower	
	1 2	3 4	Controllin	g, rigid

Donor #:	1170
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FAMILY HISTORY (Continued)

Paternal Grandmother of Donor

Year of Birth: 19 $2/\sqrt{2}$	<u>2</u>	Place of Birth:	Avgli	ntina
Racial Group: 区 Caucasian	☐ Black	☐ Asian		Other:
If Jewish:	Ashkenazi	☐ Sepha	ardic [] Oriental
Height: 5'4"	Weight:	<u> 10</u>	Eye Color: Blue	<u>, </u>
Hair Color: <u>Brown</u>	Hair (check ☐ Balding ☐ Thin ☑ Average	[[Hair Type (check one ☐ Curly ☑- Wavy ☐ Straight	e)
Vision:	Excellent 🗹	Good	☐ Fair	☐ Poor
Bone Structure:	Small 🗵	Medium	☐ Large	☐ Very Large
Other distinguishing fea	atures (dimples, c	left chin, roma	an nose, etc.):	
☐ Fair (skin will ta ☐ Medium (light c	o no ability to tan an lightly on sun e color but will tan r ation of unexpose ed skin):	exposure) moderate to da d skin):	sure) ark) Slight	Few
Occupation:	jone			
Education:	411-6			
Special skills or charac				
Describe her health:	☐ Excelle	ent ૄ Go sed (give caus		☐ Poor
What kind of person is/				
Optimions	1 2	(3) (a)	4 Pessimis	tic
7100011110	1 2	3	4 Passive4 Follower	
202007	1	3 3	4 Follower4 Controlling	na, riaid
Lasy young 🔍	· 1	J	. 501100111	ישי יוםי

Donor #:	10

FAMILY HISTORY (Continued) Paternal Grandfather of Donor

	d	DI 15	2' 11 .	Argentia	(n)
Year of Birth: 19 🚶	<u>D</u>	Place of E	Birth:	Tivoporti	·
Racial Group: 【] Caucasian	☐ Black	A:	sian	Other:	
If Jewish:	⊠ Ashk	enazi 🗌 S	ephardic	☐ Oriental	
Height: <u>5191</u>		: 150	Eye Color:	Your	
Hair Color: Brown	□ B □ T	check one) alding hin verage	Hair Type (cho □ Curly □ Wavy ☑ Straight	eck one)	
Vision:	Excellent	⊠ Good	☐ Fair	☐ Poo	r
Bone Structure:	Small		☐ Large	☐ Ver	y Large
Other distinguishing for	eatures (dim	ples, cleft chin, i	roman nose, etc.):		
Fair (skin will Medium (light Olive (pigmer Dark (unexpo	tan lightly o color but w station of un- sed skin):	y to tan on sun e n sun exposure) ill tan moderate t exposed skin): Light T	io dark) Slight an Dark Ta	_	Numerous Dark Black
Occupation:	none				
Education:	1.4110				
Special skills or chara					
	·				
Describe his health:		Excellent 🛮 🖾 Deceased (give	Good	Fair 🔲	Poor
What kind of person i Optimistic Assertive Leader Easy going		2 3 2 3 2 3 2 3	4 Pa	essimistic assive ollower ontrolling, rigid	

Donor #:	1170
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FAMILY HISTORY (Continued) Maternal Aunt of Donor

Year of Birth: 19 3 5 Place of Birth: United States of America
Racial Group: Caucasian
If Jewish: Sephardic Oriental
Height: <u>5'8''</u> Weight: <u>140</u> Eye Color: <u>GREEN</u>
Hair Color: PED Hair (check one) Hair Type (check one) Balding Curly Thin Wavy Average Straight
Vision: Excellent Good Fair Poor DONOR DOES NOT
Bone Structure: ☐ Small ☐ Medium ☑ Large ☐ Very Large
Other distinguishing features (dimples, cleft chin, roman nose, etc.):
Skin Characteristics: Freckles:
Occupation: NONE
Education: THROUGH HIGH SCHOOL
Special skills or characteristics:
Describe her health: Excellent Good Fair Poor Deceased (give cause): Cancer 35 at death
Does she have any children? female children? No 🔯 Yes
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

Donor #:	1170

FAMILY HISTORY (Continued) **Maternal Aunt of Donor**

Year of Birth: 19 <u>셔</u>	1	Place of Birt	h: United Sta	ates of America
Racial Group:	☐ Black	☐ Asia	n	Other:
If Jewish:	🖄 Ashkenazi	☐ Sept	nardic	☐ Oriental
Height: <u>5′5″</u>	Weight:	200	Eye Color: B	rn_
Hair Color: Brown	Hair (chec ☐ Baldin ☐ Thin ☑ Avera	9	Hair Type (chec Curly Wavy Straight	k one)
Vision:	Excellent [Good	🗹 Fair	Poor
Bone Structure:	Small [Medium	🙇 Large	☐ Very Large
Other distinguishing for	eatures (dimples	cleft chin, ron	nan nose, etc.):	
Fair (skin will Medium (light Olive (pigmen Dark (unexpo	Teacher	n exposure) n moderate to o sed skin): Light Tan	dark) Slight Dark Tan	
Education:	College			
Special skills or chara	cteristics:			
Describe her health:		ellent 🏿 🖸 G		air 🔲 Poor
Does she have any cl If yes, how many		0_	female children	□ No ⊠ Yes
What kind of person i Optimistic Assertive Leader Easy going	s/was she? 1 2 1 2 1 2 1 2 1 2	3 3 3 3	4 Pas 4 Foll	ssimistic sive ower ntrolling, rigid

FAMILY HISTORY (Continued) Maternal Uncle of Donor

NOI	N	۶,
100	V	

Year of Birth: 19		Place of Birt	h:	·	
Racial Group: Caucasian	☐ Black	☐ Asia	n	Other:	
If Jewish:	☐ Ashkenaz	i 🗌 Sepl	hardic	□ Oriental	
Height:	Weight:	,	Eye Color:		
Hair Color:	Hair (ched Baldir Thin Avera	g	Hair Type (chec Curly Wavy Straight	k one)	
Vision:	Excellent [Good	☐ Fair	☐ Poor	
Bone Structure:	Small [Medium	☐ Large	☐ Very La	rge
Other distinguishing fe	eatures (dimples,	cleft chin, rom	nan nose, etc.):		
Fair (skin will the second of		exposure) moderate to desed skin): Light Tan	lark) Slight Dark Tan	Few	Numerous Dark Black
Describe his health:	☐ Exce	llent ☐ Go ased (give cau	ood	ir 🗀 Poo	r
Does he have any chil If yes, how many r			female children?	No [Yes
Assertive Leader	/was he? 1 2 1 2 1 2 1 2	3 3 3 3	4 Passi 4 Follow	· =	

Donor #: 170

FAMILY HISTORY (Continued) Paternal Aunt of Donor

N	\bigcirc	N	ح
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Year of Birth: 19 Place of Birth:					
Racial Group: Caucasian Black Asian Other:					
If Jewish:					
Height: Weight: Eye Color:					
Hair Color: Hair (check one) Hair Type (check one) Balding Curly Thin Wavy Average Straight					
Vision:					
Bone Structure: Small Medium Large Very Large					
Other distinguishing features (dimples, cleft chin, roman nose, etc.):					
Skin Characteristics: Freckles:					
Describe her health:					
Does she have any children? No Yes If yes, how many male children? female children?					
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 (Continued) Paternal Uncle of Donor

Year of Birth: 19 <u>니</u> <u>&</u>	Place of Birth:	Argentina			
Racial Group:					
Caucasian Black	Asian	Other:			
If Jewish: 🔀 Ashken	nazi 🗌 Sephardic	☐ Oriental			
Height: 5/0' Weight:	190 Eye Color	: Blue			
Hair Color: <u>b(uwb</u> Hair (ch □ Bal □ Thi ☑ Ave	ding Curly n Wavy				
Vision: Excellent	☑ Good ☐ Fa	air Poor			
Bone Structure: Small	☑ Medium ☐ La	arge			
Other distinguishing features (dimpl	es, cleft chin, roman nose, e	etc.):			
	sun exposure) tan moderate to dark) posed skin):	ht			
Occupation: Banker Education: College					
Education: (ollect					
Special skills or characteristics:					
Describe his health:					
Does he have any children? No S Yes If yes, how many male children? S female children? S - ADOPTED					
What kind of person is/was he? Optimistic 1 2 Assertive 1 2 Leader 1 2 Easy going 1 2	3 4 3 4 3 4 3 4	Pessimistic Passive Follower Controlling, rigid			