

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, 26, 91

**DONOR PROFILE**

**GENERAL INFORMATION**

Year of Birth: 1971 Place of Birth: United States of America

Racial Group:  
 Caucasian    Black    Asian: \_\_\_\_\_    All Other: \_\_\_\_\_

Ethnic Origin/Ancestry: Mother Austrian/Polish Father German/Russian

Religion Born into:  
Donor Judaism Mother Judaism Father Judaism

If Jewish:    Ashkenazi    Sephardic    Oriental

Height: 5'11"   Weight: 195   Eye Color: GREEN   Blood Type: AB+

Hair Color: BLONDE   Hair: (check one)   Hair Type: (check one)   Corrective Lenses:  
 Balding    Curly    No  
 Thin    Wavy    Yes  
 Average    Straight

Bone Structure:    Small    Medium    Large    Very Large

Are you predominately:    right-handed    left-handed    ambidextrous

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

Skin Characteristics:  
 Freckles:    None    Few    Numerous  
 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):    Slight    Moderate    Dark  
 Dark (unexposed skin):    Light Tan    Dark Tan    Brown    Black

**EDUCATIONAL BACKGROUND**  
(circle highest level attained)

High School   1   2   3   4   GPA: 3.7  
College/University   1   2   3   4   GPA: 3.0   B.A. \_\_\_\_\_   B.S. \_\_\_\_\_

Major Area of Study: Biology

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)

Math Skills/Ability: High math skills → calculus +

Mechanical Skills: Average

Athletic Skills (type sports, etc.): Average - racketball - football

What is your favorite sport? racketball

Musical Skills: None

What is your favorite type of music? All types

What languages do you speak? English, some Spanish, some Hebrew

Special Hobbies/Talents: Scuba diving

Describe your artistic abilities. Good at drawing

What are your favorite foods? Italian, Mexican, & Asian

What is your favorite color? Red

Do you like pets? If so, which is your favorite? Yes - All types

To where would you most like to travel and why? Europe - curiosity

Tropical Islands - scuba diving

How would you describe your personality? fun and witty, always trying to have a good time

What 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: Verbal 500 Math 770 Total 1270  
LSAT \_\_\_\_\_ MCAT \_\_\_\_\_ GRE \_\_\_\_\_  
Other \_\_\_\_\_

Academic and professional societies to which you belong:

Pre Vet Society  
\_\_\_\_\_  
\_\_\_\_\_

**WORK/OCCUPATIONAL HISTORY**

What is your current or most recent occupation? NEWSPAPER

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

	Jobs/Duties (Do not name employer)	Year of Employment		Exposure to Which Drugs, Chemicals, etc.
		Began	Ended	
1.	<u>Salesman</u>	<u>1988</u>	<u>1990</u>	<u>none</u>
2.				
3.				
4.				
5.				
6.				

Donor #: 1170

### FERTILITY HISTORY

**Note:** The following questions require knowledge about your medical history and your family's medical history. You might wish to have your mother or father assist you in obtaining information concerning grandparents or cousins.

Do you have any children?  No  Yes  
If yes, how many male children? \_\_\_\_\_ female children? \_\_\_\_\_

For each child, please give their age and any special health problems they might have:

<u>Age</u>	<u>Special Health Problems</u>
_____	_____
_____	_____
_____	_____

Have you ever been responsible for any pregnancy other than those listed above?  
 No  Yes

If yes, in what year did it occur? \_\_\_\_\_

Have you ever donated sperm?  No  Yes

If yes, when? Currently  
Where? Cal. Cryobank For how long? 1 year  
How many births resulted from your donations? ?

Have you ever had a semen analysis?  No  Yes

If yes, result: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

**FAMILY HISTORY**

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

- 1. Organ (heart, lung, kidney, etc.)  No  Yes
- 2. Blood circulation  No  Yes
- 3. Respiratory system  No  Yes
- 4. Gastrointestinal system  No  Yes
- 5. Genital/urinary  No  Yes
- 6. Metabolic (hormones, enzymes, etc.)  No  Yes
- 7. Nervous system, brain, spinal cord  No  Yes
- 8. Bones, muscles, joints, limbs  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	When Did This Happen?	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 conditions 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 physical symptoms that have not been evaluated by a physician? (Please include those symptoms that you may not consider serious.)  No  Yes

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HISTORY**  
(Continued)

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

Medical Problem	You	Moth- er	Fath- er	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>1. Heart</b>																			
A. heart disease/defect																			X
1. from birth																			
2. other																			
B. heart attack																			X
C. hardening of arteries																			X
D. high blood pressure								X											
<b>2. Blood</b>																			
A. anemia																			X
B. sickle-cell anemia																			X
C. hemophilia or other bleeding problem																			X
D. leukemia																			X
E. immune deficiency																			X
F. other blood disorder																			X
<b>3. Respiratory (lungs)</b>																			
A. hay fever																			X
B. asthma																			X
C. emphysema								X											
D. tuberculosis																			X
E. lung cancer																			
F. pneumonia		X																	
G. other lung disease																			X
<b>4. Skin</b>																			
A. acne																			X
B. eczema																			X
C. skin cancer																			X
D. pigmentation disorders																			X
E. melanoma																			X
F. other disorders of the skin																			X

If neither you nor any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY**  
(Continued)

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>5. Gastro-Intestinal</b>																			
A. ulcer of stomach or duodenum																			X
B. gall stones																			X
C. hepatitis A (infectious)			X																
D. hepatitis B (serum)																			X
E. other liver disease																			X
F. colon cancer																			X
G. ulcerative colitis																			X
H. Crohn's disease																			X
I. cystic fibrosis																			X
J. intestinal cancer																			X
K. any other disease or problem of digestive system																			X
<b>6. Urinary</b>																			
A. kidney disease																			X
B. other disease of urinary tract (urethra, bladder, ureter)																			X
C. other																			X
<b>7. Genital/Reproductive System</b>																			
A. undescended testicle																			X
B. hypospadiasis																			X
C. prostate cancer																			X
D. uterine fibroids																			X
E. ovarian cysts																			X
F. cancer of cervix, ovaries or uterus							X												X
G. other																			X

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If neither you nor any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in **each** box in the far right column, labeled "No one."



Donor # 1170

**FAMILY HISTORY**  
(Continued)

Medical Problem	You	Moth- er	Fath- er	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>8. Metabolic/Endocrine</b>																			
A. diabetes mellitis							X												
B. hypoglycemia				X			X												
C. thyroid cancer																			X
D. thyroid disease																			X
E. goiter																			X
F. adrenal dysfunction or disorder																			X
G. other																			X
<b>9. Neurological</b>																			
A. migraines																			X
B. mental retardation																			X
C. senility before age 50																			X
D. Alzheimer's disease									X										X
E. multiple sclerosis																			X
F. cerebral palsy																			X
G. epilepsy or seizure disorder																			X
H. hydrocephalus (water on brain)																			X
I. disorders of spinal cord																			X
J. Huntington's disease																			X
K. Gaucher's disease																			X
L. Wilson's disease																			X
M. other diseases of the nervous system																			X
<b>10. Mental Health</b>																			
A. schizophrenia																			X
B. manic depressive illness																			X
C. other mental health disorders requiring hospitalization																			X
D. severe depression with periods of inability to function																			X

Comments: \_\_\_\_\_  
\_\_\_\_\_

If neither you nor any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in **each** box in the far right column, labeled "No one."

**FAMILY HISTORY**

(Continued)

Medical Problem	You	Moth- er	Fath- er	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>11. Muscles/Bones/Joints</b>																			
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 (rheumatoid, osteo-, unknown type)																			
I. gout																			
J. other disease																			
<b>12. Sight/Sound/Smell</b>																			
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																			
<b>13. Other</b>																			
A. alcoholism																			
B. drug abuse, misuse or addiction																			
C. breast cancer																			
D. any other cancer not mentioned above																			
E. any other condition not mentioned above																			

Comments: 11.D. Scoliosis. diagnosed at age 10; he "outgrew" it. No evidence of scoliosis on physical examination done October, 1990.

If neither you nor any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in **each** box in the far right column, labeled "No one."

Donor #: 1170

**PERSONAL HEALTH HISTORY**

Do you currently have any allergies?  No  Yes  
If yes, are they to:  Food  Drugs  Plants  Other

Please list specific substances and reaction(s) produced:

Substance	Reaction
<u>Animals</u>	<u>sneezing</u>

Describe all childhood allergies you had: Animals, milk, pillows, dust, stuffed animals

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) \_\_\_\_\_

Do you have any hearing impairments?  No  Yes  
If yes, please describe: \_\_\_\_\_

Condition of your teeth (check one):  Good  Fair  Poor  
Your diet (check one):  Good  Fair  Poor  
Any dietary restrictions? No  
Dietary supplements (vitamins, etc.)? No

How much exercise do you get?  Regularly  Occasionally  Rarely  
Type of exercise: Various

Have you ever had surgery?  No  Yes  
If yes, please list all surgeries.  
1) \_\_\_\_\_ Year: \_\_\_\_\_  
2) \_\_\_\_\_ Year: \_\_\_\_\_  
3) \_\_\_\_\_ Year: \_\_\_\_\_  
4) \_\_\_\_\_ Year: \_\_\_\_\_

Have you had any hospitalization not already mentioned?  No  Yes  
If yes, please describe: \_\_\_\_\_

Donor #: 1170

**PERSONAL HEALTH HISTORY**

(Continued)

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

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for a sexually-transmitted disease?  No  Yes

If yes, please explain what type: \_\_\_\_\_  
When? \_\_\_\_\_ Details? \_\_\_\_\_

When was the last time you were treated? \_\_\_\_\_

Have you or your sexual partners ever had:

	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<u>Myself/Partner</u>	<u>When</u>
NSU (non-specific urethritis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chlamydia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Venereal Warts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Herpes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other sexually transmitted diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Type: _____			_____	_____

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

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any chronic medical problems/conditions?  No  Yes

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever served overseas in the military?  No  Yes

If yes, please describe and give date of service: \_\_\_\_\_  
\_\_\_\_\_

Donor #: 1170

**PERSONAL HEALTH HISTORY**

(Continued)

Please list all medications you are currently taking: None

Please list any prescription, non-prescription, or recreational drugs that you have used or are currently using. Describe your drug use as indicated below.

<u>Name of Drug</u>	<u>Date Started</u>	<u>Date Ended</u>	<u>Frequency of Use</u>	<u>How Used?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many drinks per average week do you consume? 0

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? \_\_\_\_\_

Do you drink coffee?  No  Yes

If yes, how many cups/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.

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Donor #: 1170

**FAMILY HISTORY**  
**(Continued)**  
**Mother of Donor**

Year of Birth: 19 46

Place of Birth: United States of America

Racial Group:

Caucasian     Black     Asian \_\_\_\_\_     Other: \_\_\_\_\_

If Jewish:

Ashkenazi     Sephardic     Oriental

Height: 5'5"

Weight: 150

Eye Color: brn

Hair Color: Blonde

Hair (check one)

Hair Type (check one)

Balding

Curly

Thin

Wavy

Average

Straight

Vision:

Excellent     Good     Fair     Poor

Bone Structure:

Small     Medium     Large     Very Large

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

\_\_\_\_\_

Skin Characteristics:

Freckles:     None     Few     Numerous  
 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):     Slight     Moderate     Dark  
 Dark (unexposed skin):     Light Tan     Dark Tan     Brown     Black

Occupation: Secretary

Education: high school

Special skills or characteristics: \_\_\_\_\_

\_\_\_\_\_

Describe her health:

Excellent     Good     Fair     Poor  
 Deceased (give cause): \_\_\_\_\_

What kind of person is/was she?

Optimistic	<u>1</u>	2	3	4	Pessimistic
Assertive	1	2	<u>3</u>	4	Passive
Leader	1	2	<u>3</u>	4	Follower
Easy going	1	2	3	<u>4</u>	Controlling, rigid



Donor #: 1170

**FAMILY HISTORY**  
**(Continued)**  
**Father of Donor**

Year of Birth: 19 44

Place of Birth: Argentina

Racial Group:

- Caucasian
- Black
- Asian \_\_\_\_\_
- Other: \_\_\_\_\_

If Jewish:

- Ashkenazi
- Sephardic
- Oriental

Height: 5'9"

Weight: 200

Eye Color: Blue

Hair Color: Brown

Hair (check one)

- Balding
- Thin
- Average

Hair Type (check one)

- Curly
- Wavy
- Straight

Vision:

- Excellent
- Good
- Fair
- Poor

Bone Structure:

- Small
- Medium
- Large
- Very Large

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

Skin Characteristics:

- Freckles:
- 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):
- Dark (unexposed skin):
- None
- Few
- Numerous
- Slight
- Moderate
- Dark
- Light Tan
- Dark Tan
- Brown
- Black

Occupation: Optometrist

Education: College

Special skills or characteristics: \_\_\_\_\_

Describe his health:

- Excellent
- Good
- Fair
- Poor
- Deceased (give cause): \_\_\_\_\_

What kind of person is/was he?

Optimistic	1	2	<u>3</u>	4	Pessimistic
Assertive	1	<u>2</u>	3	4	Passive
Leader	1	<u>2</u>	3	4	Follower
Easy going	1	2	3	<u>4</u>	Controlling, rigid

Donor #: 1170

**FAMILY HISTORY**  
**(Continued)**  
**Sister of Donor**

NONE

Year of Birth: 19 \_\_\_

Place of Birth: \_\_\_\_\_

Relationship to Donor:  Full sibling  
 Half sibling  
 Adopted into family (DO NOT COMPLETE THIS FORM.)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor

Bone Structure:  Small  Medium  Large  Very Large

Other distinguishing features (dimples, cleft chin, roman nose, etc.):  
\_\_\_\_\_

**Skin Characteristics:**

Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Special skills or characteristics: \_\_\_\_\_

Describe her health:  Excellent  Good  Fair  Poor  
 Deceased (give cause): \_\_\_\_\_

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

Donor #: 1170

**FAMILY HISTORY**  
**(Continued)**  
**Brother of Donor**

Year of Birth: 19 69

Place of Birth: United States of America

Relationship to Donor:  Full sibling  
 Half sibling  
 Adopted into family (DO NOT COMPLETE THIS FORM.)

Height: 5'6" Weight: 195 Eye Color: Blu

Hair Color: Brown Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor

Bone Structure:  Small  Medium  Large  Very Large

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

\_\_\_\_\_

Skin Characteristics:  
 Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

Occupation: Student

Education: College

Special skills or characteristics: \_\_\_\_\_

\_\_\_\_\_

Describe his health:  Excellent  Good  Fair  Poor  
 Deceased (give cause): \_\_\_\_\_

Does he have any children?  No  Yes  
If yes, how many male children? \_\_\_\_\_ female children? \_\_\_\_\_

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

Donor #: 1170

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

Year of Birth: 19 13

Place of Birth: United States of America

Racial Group:

Caucasian     Black     Asian \_\_\_\_\_     Other: \_\_\_\_\_

If Jewish:

Ashkenazi     Sephardic     Oriental

Height: 5'5'

Weight: 130

Eye Color: Blue

Hair Color: Brown

Hair (check one)

Hair Type (check one)

Balding

Curly

Thin

Wavy

Average

Straight

Vision:

Excellent     Good     Fair     Poor

Bone Structure:

Small     Medium     Large     Very Large

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

Skin Characteristics:

Freckles:     None     Few     Numerous  
 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):     Slight     Moderate     Dark  
 Dark (unexposed skin):     Light Tan     Dark Tan     Brown     Black

Occupation: mother

Education: little

Special skills or characteristics: \_\_\_\_\_

Describe her health:

Excellent     Good     Fair     Poor  
 Deceased (give cause): Cancer 73 at death

What kind of person is/was she?

Optimistic	1	<u>2</u>	3	4	Pessimistic
Assertive	1	2	<u>3</u>	4	Passive
Leader	1	<u>2</u>	3	4	Follower
Easy going	1	2	3	<u>4</u>	Controlling, rigid

Donor #: 1170

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

Year of Birth: 19 11 Place of Birth: United States of America

Racial Group:

Caucasian  Black  Asian \_\_\_\_\_  Other: \_\_\_\_\_

If Jewish:

Ashkenazi  Sephardic  Oriental

Height: 5'11" Weight: 250 Eye Color: Blue

Hair Color: Brown Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor

Bone Structure:  Small  Medium  Large  Very Large

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

Skin Characteristics:

Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

Occupation: contractor

Education: little

Special skills or characteristics: \_\_\_\_\_

Describe his health:

Excellent  Good  Fair  Poor  
 Deceased (give cause): pulmonary fibrosis 74 at death (Smoker)

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

Donor #: 7170

**FAMILY HISTORY**  
**(Continued)**  
**Paternal Grandmother of Donor**

Year of Birth: 19 22

Place of Birth: Argentina

Racial Group:

Caucasian     Black     Asian     Other: \_\_\_\_\_

If Jewish:

Ashkenazi     Sephardic     Oriental

Height: 5'4"

Weight: 220

Eye Color: Blue

Hair Color: Brown

Hair (check one)

Hair Type (check one)

Balding

Curly

Thin

Wavy

Average

Straight

Vision:

Excellent     Good     Fair     Poor

Bone Structure:

Small     Medium     Large     Very Large

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

Skin Characteristics:

Freckles:     None     Few     Numerous  
 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):     Slight     Moderate     Dark  
 Dark (unexposed skin):     Light Tan     Dark Tan     Brown     Black

Occupation: None

Education: little

Special skills or characteristics: \_\_\_\_\_

Describe her health:

Excellent     Good     Fair     Poor  
 Deceased (give cause): \_\_\_\_\_

What kind of person is/was she?

Optimistic	1	2	<u>3</u>	4	Pessimistic
Assertive	1	2	<u>3</u>	4	Passive
Leader	1	<u>2</u>	3	4	Follower
Easy going	<u>1</u>	2	3	4	Controlling, rigid

Donor #: 1170

**FAMILY HISTORY**  
**(Continued)**  
**Paternal Grandfather of Donor**

Year of Birth: 19 18 Place of Birth: Argentina

Racial Group:  
 Caucasian  Black  Asian  Other: \_\_\_\_\_

If Jewish:  Ashkenazi  Sephardic  Oriental

Height: 5'9" Weight: 150 Eye Color: Brown

Hair Color: Brown Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor

Bone Structure:  Small  Medium  Large  Very Large

Other distinguishing features (dimples, cleft chin, roman nose, etc.):  
\_\_\_\_\_

Skin Characteristics:  
 Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

Occupation: none

Education: little

Special skills or characteristics: \_\_\_\_\_

Describe his health:  Excellent  Good  Fair  Poor  
 Deceased (give cause): \_\_\_\_\_

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

Donor #: 1170

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

Year of Birth: 19 35 Place of Birth: United States of America

Racial Group:  
 Caucasian  Black  Asian  Other: \_\_\_\_\_

If Jewish:  Ashkenazi  Sephardic  Oriental

Height: 5'8" Weight: 140 Eye Color: GREEN

Hair Color: RED Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor *DONOR DOES NOT KNOW*  
Bone Structure:  Small  Medium  Large  Very Large

Other distinguishing features (dimples, cleft chin, roman nose, etc.):  
\_\_\_\_\_

Skin Characteristics:  
 Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

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?  No  Yes  
If yes, how many male children? 2 female children? 1

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 41 Place of Birth: United States of America

Racial Group:  
 Caucasian  Black  Asian \_\_\_\_\_  Other: \_\_\_\_\_

If Jewish:  Ashkenazi  Sephardic  Oriental

Height: 5'5" Weight: 200 Eye Color: Brn

Hair Color: Brown Hair (check one) Hair Type (check one)  
 Balding  Curly  
 Thin  Wavy  
 Average  Straight

Vision:  Excellent  Good  Fair  Poor  
Bone Structure:  Small  Medium  Large  Very Large

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

Skin Characteristics:  
 Freckles:  None  Few  Numerous  
 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):  Slight  Moderate  Dark  
 Dark (unexposed skin):  Light Tan  Dark Tan  Brown  Black

Occupation: Teacher

Education: College

Special skills or characteristics: \_\_\_\_\_

Describe her health:  Excellent  Good  Fair  Poor  
 Deceased (give cause): \_\_\_\_\_

Does she have any children?  No  Yes  
If yes, how many male children? 0 female children? 2

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)**  
**Paternal Uncle of Donor**

Year of Birth: 19 46

Place of Birth: Argentina

Racial Group:

Caucasian     Black     Asian \_\_\_\_\_     Other: \_\_\_\_\_

If Jewish:

Ashkenazi     Sephardic     Oriental

Height: 5'10"

Weight: 190

Eye Color: Blue

Hair Color: Brown

Hair (check one)

Hair Type (check one)

Balding

Curly

Thin

Wavy

Average

Straight

Vision:

Excellent

Good

Fair

Poor

Bone Structure:

Small

Medium

Large

Very Large

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

Skin Characteristics:

Freckles:

None

Few

Numerous

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):

Slight

Moderate

Dark

Dark (unexposed skin):

Light Tan

Dark Tan

Brown

Black

Occupation: Banker

Education: College

Special skills or characteristics: \_\_\_\_\_

Describe his health:

Excellent

Good

Fair

Poor

Deceased (give cause): \_\_\_\_\_

Does he have any children?

No

Yes

If yes, how many male children? 0

female children? 2 - ADOPTED

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