



DONOR PROFILE – DONOR CODE <u>NBI31</u>									
DEMOGRAPHIC AND PHYSICAL DATA									
Age When Donating: 18					Country of Birth: USA				
Hair Color: Brown			Hair Type: Straight			Eye Color: Brown			
Race: Caucasian			Religion: Christian			Body Frame: Large			
Ethnic Origin (maternal): Irish					Ethnic Origin (paternal): Mexican, Greek				
Height: 5'9"		Weight (lbs): 180		Complexion: Fair			Blood Type: B+		
PERSONAL AND EDUCATIONAL DATA									
Marital Status (S/M/D): Single			No. of Children: 0			No. of Siblings: 2			
Occupation: Student, sales associate					Degree/Major: Psychology, Philosophy				
Career Goals: Finish degree									
Hobbies/Interests: Reading, writing, Kung Fu, and working out									
Describes himself as: Calm, outgoing, intelligent, goal driven, likes to have fun, caring and loyal									
PERSONAL FAMILY BACKGROUND									
	Age	Height	Weight	Complexion	Hair Color	Eye Color	Education/ Occupation	Age Deceased	Cause of Death
Mother	44	5'5"	200	Fair	Red	Green			
Father	51	5'9"	210	Dark	Brown	Brown	Teacher		
SIB#1 F	21	5'1"	140	Fair	Blond	Green	Student		
SIB#2 F	23	5'6"	160	Fair	Brown	Brown	Student		
SIB#3									
SIB#4									
SIB#5									
MGM	60	UNK							
MGF	70	UNK							
PGM	72	5'3"	160	Dark	Brown	Brown	Banker		
PGF	71	5'9"	210	Dark	Brown	Brown	Electrician		
SIB=Sibling F=Female M=Male MGM=Maternal Grandmother MGF=Maternal Grandfather PGM=Paternal Grandmother PGM=Paternal Grandfather									



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DONOR / FAMILY MEDICAL HISTORY		
Medical History	Donor	Relatives
Circulatory (Blood/Heart)	None	PGF: High blood pressure
Gastrointestinal	None	None
Genital/Reproductive	None	None
Integumentary (Skin)	None	None
Mental Health	None	None
Metabolic/Endocrine	None	None
Musculo/Skeletal (Muscle/Bones/Joints)	None	None
Neurological	None	None
Respiratory (Lungs)	None	MGM: Smoke related occupation
Sight/Sound/Smell	None	None
Urinary	None	None
Allergies	None	None
Birth Defects	None	None
Genetic Diseases	None	None
DX=Diagnosed		
ADDITIONAL INFORMATION (PLEASE CIRCLE CHOICES)		
Special Skills, Talents, Abilities: Martial Arts		
Languages: English		
Favorite Movies: Breakfast at Tiffany's, 12 Angry Men		
Favorite Music: Bees Gees, Beatles		
Are you a Twin? No	Family Twins? None # Identical Twins: No. Fraternal Twins:	
GENETIC TESTING		
Sickle Cell Anemia: N/A	Tay-Sachs Disease: Non-carrier	
Cystic Fibrosis: Tested for 32 mutations, negative for all		
Chromosome Analysis: Normal male		
Thalassemia: Normal		



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FACIAL FEATURES (PLEASE CIRCLE CHOICES)

Freckles: None Few ✓ Numerous	Dimples: None Slight Medium Deep
Moles: None One Several Numerous	Mouth: Small Average Large Lips: Thin Average Full
Nose size: Small Medium Large	Nose Width: Narrow Average Wide
Nose Length: Short Average Long	Nose Bridge: Concave Straight Convex
Other distinguishing features (i.e. cleft chin):	
Eyes Set: Narrow Average Wide	Eyes Size: Small Average Large
Eyebrows Arc: Flat Medium High	Eyebrows Thickness: Thin Medium Thick

HAIR (PLEASE CIRCLE CHOICES)

Color Now: Black Blond Brown ✓ Red Other (enter):
Color at Birth: Black Blond Brown ✓ Red Other (enter):
Shade: Light Medium Dark Type: Curly Kinky Straigh ✓ Wavy
Texture: Fine Medium Coarse Fullness: Thin Medium Thick Balding

THE FIVE SENSES (PLEASE CIRCLE OR SPECIFY WHEN APPLICABLE)

Is your Vision?: Normal ✓ Nearsighted Farsighted Other (please specify):
Is you Hearing Normal?: Yes ✓ No (please specify):
Are you able to sense Flavor and Palatability of food: Yes ✓ No (please specify):
Are you able to sense cold, hot, smooth or rough objects?: Yes ✓ No (please specify):
Are you able to sense odors?: Yes ✓ No (please specify):

EDUCATIONAL BACKGROUND (PLEASE CIRCLE CHOICES)

Completed Grade School? Yes ✓ No GPA:	Completed High School? Yes ✓ No GPA:
Currently in College? Yes ✓ No GPA:	Completed Degree in?
Pursuing a Degree in? Philosophy, psychology	Pursuing Advanced Degree in?
Degree Attained: B.A. ✓ B.S. M.A. M.F.A. M.S. Ph.D. M.D. J.D. D.D.S.	
SAT Scores (please enter) Verbal: Math: Total: LSAT: MCAT: GRE: GMAT: Other:	
Academic/Professional Memberships:	

PERSONAL DATA AND HEALTH HISTORY (PLEASE CIRCLE/TYPE WHEN APPLICABLE)

What is your diet?: Vegetarian Non-Vegetarian ✓	What is the condition of your teeth?: Poor Fair Good ✓ Excellent
Do you smoke cigarettes? Yes No ✓	Are you exposed to radiation or hazardous chemicals? Yes No ✓
Predominant Hand: Right ✓ Left Ambidextrous	Fingers: Short Medium Long
Chest Size (inches): Neck Size (inches):	Waist Size (inches): Shoe Size (inches):
Special Skills, Talents, Abilities (your family):	
Favorite Sport:	
Favorite Color:	
Favorite Food:	



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Do you like/own pets? Yes

Do you consider yourself (Please circle): **Heterosexual**✓ Bisexual Homosexual

PERSONAL DATA AND HEALTH HISTORY (CONTINUED)

Have you ever caused pregnancy? (Please circle): Yes **No**✓ If Yes, When?

Outcome of Pregnancy: Sex of Children:

Do you have protected or unprotected sex? (Please circle): Protected Unprotected

Have you had any sexuality transmitted disease in the past year? (Please circle): Yes **No**✓
Please explain:

Have you ever been treated for syphilis or any other sexually transmitted disease? (Please circle): Yes **No**✓
Please explain:

Have you or any of your sexual partners ever had?

STD (Sexually Transmitted Disease)	You		Your Partner	
	Yes	No✓	Yes	No✓
Chlamydia	Yes	No✓	Yes	No✓
Gonorrhea	Yes	No✓	Yes	No✓
Herpes Genital	Yes	No✓	Yes	No✓
Non Specific Urethritis (NSU)	Yes	No✓	Yes	No✓
Trichomoniasis	Yes	No✓	Yes	No✓
Venereal Warts	Yes	No✓	Yes	No✓

Chlamydia trachomatis: Sexually transmitted microorganism affecting both men/women. In adults, it damages reproductive organs, some times causing sterility. It is a major cause of cervicitis, pelvic inflammatory disease, and nongonococcal urethritis.

Gonorrhea: Infection caused by gonococcus, Neisseria gonorrhoea causing an inflammation of the genital mucous membrane of either sex.

Herpes Genital: infection of the genital, anorectal skin and mucosa with herpes simplex virus type II. It causes genital sores and is usually spread by sexual contact.

Non Specific Urethritis: inflammation and irritation of the urethra but not known to be caused by a specific organism.

Trichomoniasis: infestation with a parasite of genus Trichomonas that can be found in the vagina or male urethra and may be transmitted during sexual intercourse. May cause persistent burning and itching of vulvar tissue associated with a white frothy discharge.

Venereal Warts: Moist reddish elevation on genitals and anus caused by viruses and are sexually transmitted.

PREVENTION OF HIV TRANSMISSION THOROUGH THE USE OF DONATED TISSUE - HAVE YOU?

a) Since 1977, engaged in anal or oral sex with another man? Yes **No**✓

b) Ever used non-therapeutic injected drugs? Yes **No**✓

c) Received clotting factors such as Factor VIII or Factor IX which are not heat treated or otherwise viral inactivated? Yes **No**✓

d) Engaged in prostitution? Yes **No**✓

e) Been the heterosexual partner of anyone who would answer Yes to b), c) and/or d)? Yes **No**✓

f) Been the heterosexual partner of any HIV positive person? Yes **No**✓

g) Acquired a tattoo in the past year without proper sterile procedures? Yes **No**✓

h) Had ear, body piercing or Acupuncture in the past year without proper sterile procedures? Yes **No**✓

i) Ever been infected with Hepatitis B or C? Yes **No**✓

j) Been the heterosexual partner of a person known or suspected to have Hepatitis B or C? Yes **No**✓

k) Been confined for more than 3 days in a penal or mental institution in the past year? Yes **No**✓
If Yes, please explain

HAVE YOU HAD ANY OF THE FOLLOWING CLINICAL SIGNS AND SYMPTOMS ?

Unexplained weight loss? Yes **No**✓

Night sweats? Yes **No**✓

Blue or purple spots on/under the skin or in the mucous membranes? Yes **No**✓

Swollen or unexplained disease of the lymph nodes? Yes **No**✓



Persistent white spots or unusual blemishes in the mouth?	Yes	No ✓
Fever greater than 99 degrees or more for more than ten days?	Yes	No ✓
Diagnosed or come into contact with West Nile Virus?	Yes	No ✓
Persistent cough and shortness of breath?	Yes	No ✓
Been the heterosexual partner of a person known or suspected to have any of the above?	Yes	No ✓
HAVE YOU EVER HAD/RECEIVED (PLEASE CIRCLE ONE FOR EACH QUESTION)		
Received a transfusion of whole blood, a blood component or a clotting factor concentrate within the past year?	Yes	No ✓
Received an organ or tissue transplant?	Yes	No ✓
Received a xenotransplant; i.e., tissue/cells/organ of animal origin?	Yes	No ✓
Ever had any type of Hepatitis? Please explain:	Yes	No ✓
Ever suffered from any type of liver disease? Please explain:	Yes	No ✓
Ever been vaccinated for Hepatitis B?	Yes ✓	No
Been vaccinated for any reason in the past year? Please explain:	Yes	No ✓
Ever had a positive test for HIV?	Yes	No ✓
Are there any fertility problems in your family? Please explain:	Yes	No ✓
Had any birth defects (i.e. heart, cleft lip/palate, club feet)? Please explain:	Yes	No ✓
Has any member of your family had any defect of a major body organ (i.e. heart, kidney) or body system (Nervous, circulatory, genital/urinary, etc)? Please explain whom/problem/organ:	Yes	No ✓
Are there any known genetic diseases/birth defects in your family? Please explain:	Yes	No ✓
Any serious illness? Please explain:	Yes	No ✓
Do you have any current illness? Please explain:	Yes	No ✓
Have you ever had surgery or been hospitalized for any reason? Please explain: Too much bone in ankle, had surgery to fix it	Yes ✓	No
Have you ever consulted a psychiatrist/psychologist? Please explain: For anxiety	Yes ✓	No
Have you ever received pituitary-derived human growth hormones?	Yes	No ✓
Have you ever engaged in the use of non-therapeutic injected drugs?	Yes	No ✓
HAVE YOU EVER USED OR DO YOU CURRENTLY USE ANY OF THE FOLLOWING DRUGS? PLEASE CIRCLE		
Antidepressants?	Yes	No ✓
Barbiturates?	Yes	No ✓
Hallucinogens?	Yes	No ✓
Inhalants?	Yes	No ✓
Marijuana?	Yes ✓	No
Phencyclidine (PCP)?	Yes	No ✓
Any other Over-The-Counter Medication?	Yes ✓	No
If you answered Yes to any of the above, please explain (When, Frequency, Quantity, Route): OTC: when sick, Marijuana: smoked it once		
DONOR GENETIC SCREENING - HAVE YOU EVER BEEN TESTED AS A CARRIER OF:		



Cystic fibrosis?	Yes	No ✓
Sickle Cell Anemia (If of Black, Hispanic or Mediterranean ancestry)?	Yes	No ✓
Tay-Sachs Disease (If of Jewish ancestry)?	Yes	No ✓
Thalassemia (If of Mediterranean ancestry)?	Yes	No ✓
<p>Cystic fibrosis: Severe debilitating illness affecting both, the lung and the pancreas. It is one of the most commonly inherited lethal diseases in the Caucasian population. Sickle Cell anemia: It is a hereditary form of anemia. Tay-Sachs Disease: it is a lethal degenerative disease of the central nervous system occurring in both males and females which results in death, generally before the age of five.</p>		
IN THE PAST 12 MONTHS HAVE YOU:		
Had a transplant such as organ, tissue, or bone marrow?	Yes	No ✓
Had a graft such as bone or skin?	Yes	No ✓
Come into contact with someone else's blood?	Yes	No ✓
Had or been treated for syphilis or gonorrhea?	Yes	No ✓
Been in juvenile detention, lockup, jail or prison for more than 72 hours?	Yes	No ✓
IN THE PAST THREE YEARS HAVE YOU:		
Been outside the United States or Canada?	Yes	No ✓
Did you spend time that adds up to three (3) months or more in the United Kingdom?	Yes	No ✓
Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?	Yes	No ✓
FROM 1980 TO THE PRESENT , DID YOU:		
Spend time that adds up to five(5) years or more in Europe?	Yes	No ✓
Receive a blood transfusion in the United Kingdom?	Yes	No ✓
FROM 1977 TO THE PRESENT HAVE YOU:		
Received money, drugs, or other payment for sex?	Yes	No ✓
HAVE YOU EVER:		
Used needles to take drugs, steroids, or anything <u>not</u> prescribed by you doctor?	Yes	No ✓
Had malaria?	Yes	No ✓
Received dura mater (or brain covering) graft?	Yes	No ✓
Had any type of cancer, including leukemia?	Yes	No ✓
Had any problems with your heart or lungs?	Yes	No ✓
Had a bleeding condition or a blood disease?	Yes	No ✓
Had sexual contact with anyone who was born in or lived in Africa?	Yes	No ✓
Been in Africa?	Yes	No ✓



Have you or any of your relatives had Creutzfeldt-Jakob disease (mad cow)?	Yes	No ✓
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Been bitten by an animal suspected of rabies in the last 6 months?	Yes	No ✓
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Been exposed to any of the following elements: Gold(Au), Lead(Pb), Mercury(Hg)?	Yes	No ✓
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FAMILY HEALTH HISTORY

Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Circulatory (Blood)							
Anemia							
Hemophilia or other bleeding problem							
Immune deficiency							
Leukemia							
Sickle-Cell anemia							
Other blood disorder							
Circulatory (Heart)							
Hardening of Arteries							
Heart Attack					PGF – mild attack @ 71		
Heart disease from birth							
Heart disease (other)							
High blood pressure					PGF		
Stroke							
Integumentary (Skin)							
Acne							
Eczema							
Pigmentation disorders							
Psoriasis							
Skin Cancer							
Other skin disorder							
Mental Health							
Manic depressive disorder							
Schizophrenia							
Other mental disorder with hospitalization							
Metabolic/Endocrine							
Adrenal dysfunction/disorder							
Diabetes Mellitus							
Goiter							
Hyperactivity							
Hypoglycemia							
Thyroid cancer							
Thyroid disease							
Hyperactivity							



Gastrointestinal							
Colon cancer							
Crohn's disease							
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Gallstones							
Hepatitis A (infectious)							
Hepatitis B & C (serum)							
Intestinal cancer							
Ulcer of stomach/duodenum							
Ulcerative colitis/rectal disorder							
Other liver disease, cancer or digestive system problem							
Genital/Reproductive							
Breast cancer							
Cancer (cervix, ovaries, uterus)							
Hypospadias							
Ovarian cyst							
Prostate cancer							
Undescended testicles							
Uterine fibroid							
Musculo/Skeletal (Muscle/Bones/Joints)							
Arthritis							
Deformity of spine							
Gout							
Hereditary low back disease							
Lupus							
Muscular dystrophy							
Osteoporosis							
Other chronic muscle disease							
Neurological							
Alzheimer's disease							
Cerebral palsy							
Creutzfeldt-Jacob disease							
Disorders of spinal cord							
Epilepsy							
Gaucher's disease							
Huntington's chorea							
Hydrocephalus (fluid accumulation in the brain)							
Mental retardation							
Migraines	X – in HS only	X					



Multiple sclerosis							
Senility before age 50							
Wilson's disease							
Other nervous system diseases							
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Pulmonary							
Asthma							
Cystic fibrosis							
Emphysema							
Hay fever							
Lung cancer					MGM – 2 nd hand smoke from Casino		
Pneumonia							
Tuberculosis							
Other lung diseases							
Sight/Sound/Smell							
Blindness							
Cataracts before age 50							
Color blindness							
Deafness before age 60							
Deformity of the ear							
Deviated septum							
Glaucoma							
Other sight/sound/smell disorders							
Urinary							
Nephritis							
Kidney stones							
Kidney failures							
Auto Immune diseases							
Glomerulonephritis							
Grave's disease							
Hemolytic anemia							
Lupus erythematosus							
Myasthenia gravis							
Rheumatoid arthritis							
Sarcoidosis							
Scleroderma							
Other auto immune disease							
Others							
Alcoholism							
Autism							



Behavior disorders							
Developmental delays							
Drug abuse/misuse or addiction							
Dwarfism							
Language disabilities							
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Learning disorders							
Any other cancer not mentioned above							
Any other condition not mentioned above							
Additional Comments:							

DONOR PROFILE – DONOR CODE <u>NBI31</u>
PERSONAL STATEMENTS
What is your ultimate goal in life? Undecided / Finish school
What are you most proud of and Why?
What can you say about your best friend?
If you could pass a message to the recipient of your semen, what would that be?
Is there anything special you want to share?