



DONOR PROFILE – DONOR CODE 31RM_____

DEMOGRAPHIC AND PHYSICAL DATA

Date of birth (MM/YYYY): 08/1975		Place of Birth (city/state): BUCHAREST, ROMANIA	
Hair Color: BROWN		Hair Type: CURLY	Eye Color: HAZEL
Race: CAUCASIAN		Religion: PROTESTANT	Body Frame: MEDIUM
Ethnic Origin (maternal): ROMANIAN		Ethnic Origin (paternal): ROMANIAN	
Height: 5'11"	Weight (lbs): 165	Complexion: FAIR	Blood Type: A+

PERSONAL AND EDUCATIONAL DATA

Marital Status (S/M/D): M		No. of Children: 0	No. of Siblings: 3
Occupation: STUDENT		Degree/Major: CLINICAL PSYCHOLOGY	

Career Goals: BECOMING A COMPETENT PROFESSIONAL

Hobbies/Interests: MENTORING, GROWING AS A PERSON, EXERCISING, HEALTH, MOVIES AND SMALL TALKING.

Describes himself as: A RESPECTFUL HUMAN BEING

PERSONAL FAMILY BACKGROUND

	Age	Height	Weight	Complexion	Hair Color	Eye Color	Education/ Occupation	Age Deceased	Cause of Death
Mother	51	5'7"	130	FAIR	RED	HAZEL	OWNS DAY CARE CENTER		
Father	63	5'10"	190	FAIR	BLACK	BROWN	RETIRED/ WORKED IN ELECTRONICS		
SIB#1	16	5'11"	160	FAIR	BROWN	BLUE	STUDENT		
SIB#2	21	5'11"	155	FAIR	BROWN	HAZEL	STUDENT		
SIB#3	40	5'9"	115	FAIR	BROWN	BROWN	PRE-MED		
SIB#4									
SIB#5									
MGM								53	OVARIAN CANCER
MGF	81	5'11"	175	FAIR	BROWN	HAZEL	RETIRED		
PGM	86	5'5"	120	FAIR	BROWN	BROWN	FARMER		
PGF								73	HEART ATTACK

SIB=Sibling F=Female M=Male
MGM=Maternal Grandmother MGF=Maternal Grandfather PGM=Paternal Grandmother PGM=Paternal Grandfather



DONOR PROFILE – DONOR CODE 31RM_____		
DONOR / FAMILY MEDICAL HISTORY		
Medical History	Donor	Relatives
Circulatory (Blood/Heart)		
Gastrointestinal		
Genital/Reproductive		
Integumentary (Skin)		
Mental Health		
Metabolic/Endocrine		
Musculo/Skeletal (Muscle/Bones/Joints)		
Neurological		
Respiratory (Lungs)		
Sight/Sound/Smell		
Urinary		
Allergies		
Birth Defects		
Genetic Diseases		
DX=Diagnosed		
ADDITIONAL INFORMATION (PLEASE CIRCLE CHOICES)		
Special Skills, Talents, Abilities: I AM PERSISTENT, DISCIPLINED, PATIENT, INTELLIGENT, HARD WORKING, CREATIVE AND ENERGETIC.		
Languages: ROMANIAN, POLISH AND ENGLISH.		
Favorite Movies: ACTION		
Favorite Music: CLASSIC ROCK		
Are you a Twin? NO	Family Twins	
Yourself (Please circle): Identical Fraternal	# Identical Twins: 0 No. Fraternal Twins: 0	
GENETIC TESTING – TO BE ENTERED BY FERTILITY CENTER OF CALIFORNIA STAFF ONLY		
Sickle Cell Anemia: N/A	Tay-Sachs Disease: NON-CARRIER	
Cystic Fibrosis: TESTED FOR 32 MUTATIONS. NEGATIVE FOR ALL.		
Chromosome Analysis: NORMAL MALE 46, XY.		
Thalassemia: CBC/DIFF WITHIN NORMAL LIMITS. MCV IS NORMAL.		



DONOR PROFILE – DONOR CODE 31RM

FACIAL FEATURES (PLEASE CIRCLE CHOICES)

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

HAIR (PLEASE CIRCLE CHOICES)

Color Now: Black Blonde Brown <input checked="" type="checkbox"/> Red Other (enter):	
Color at Birth: Black Blonde <input checked="" type="checkbox"/> Brown Red Other (enter):	
Shade: Light Medium <input checked="" type="checkbox"/> Dark	Type: Curly <input checked="" type="checkbox"/> Kinky Straight Wavy
Texture: Fine Medium <input checked="" type="checkbox"/> Coarse	Fullness: Thin Medium <input checked="" type="checkbox"/> Thick Balding

THE FIVE SENSES (PLEASE CIRCLE OR SPECIFY WHEN APPLICABLE)

Is your Vision?: Normal Nearsighted Farsighted <input checked="" type="checkbox"/> Other (please specify):
Is you Hearing Normal?: Yes <input checked="" type="checkbox"/> No (please specify):
Are you able to sense Flavor and Palatability of food: Yes <input checked="" type="checkbox"/> No (please specify):
Are you able to sense cold, hot, smooth or rough objects?: Yes <input checked="" type="checkbox"/> No (please specify):
Are you able to sense odors?: Yes <input checked="" type="checkbox"/> No (please specify):

EDUCATIONAL BACKGROUND (PLEASE CIRCLE CHOICES)

Completed Grade School? Yes <input checked="" type="checkbox"/> No GPA:	Completed High School? Yes <input checked="" type="checkbox"/> No GPA:
Currently in College? Yes <input checked="" type="checkbox"/> No GPA: 3.76	Completed Degree in?
Pursuing a Degree in? Ph.D. IN CLINICAL PSYCHOLOGY	Pursuing Advanced Degree in? Ph.D. IN CLINICAL PSYCHOLOGY
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 <input checked="" type="checkbox"/>	What is the condition of your teeth?: Poor Fair Excellent <input checked="" type="checkbox"/>
Do you smoke cigarettes? Yes No <input checked="" type="checkbox"/>	Are you exposed to radiation or hazardous chemicals? Yes No <input checked="" type="checkbox"/>
Predominant Hand: Right <input checked="" type="checkbox"/> Left Ambidextrous	Fingers: Short Medium <input checked="" type="checkbox"/> Long
Chest Size (inches): Neck Size (inches): 15 1/2	Waist Size (inches): 31 Shoe Size (inches): 9.5
Special Skills, Talents, Abilities (your family): HARD WORKERS, INTELLIGENT, PERSISTENT, CREATIVE, WARM-HEARTED PEOPLE	
Favorite Sport: BASKETBALL, SOCCER	
Favorite Color: BLUE	
Favorite Food: SALMON, WHOLE GRAINS, SPINACH, BROCCOLI, TOMATOES, AND CABBAGE	
Do you like/own pets? LIKE YET DO NOT OWN	
Do you consider yourself (Please circle): Heterosexual <input checked="" type="checkbox"/> Bisexual Homosexual	



DONOR PROFILE – DONOR CODE 31RM

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	
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✓	
<p>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.</p> <p>Gonorrhea: Infection caused by gonococcus, Neisseria gonorrhoea causing an inflammation of the genital mucous membrane of either sex.</p> <p>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.</p> <p>Non Specific Urethritis: inflammation and irritation of the urethra but not known to be caused by a specific organism.</p> <p>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.</p> <p>Venereal Warts: Moist reddish elevation on genitals and anus caused by viruses and are sexually transmitted.</p>					
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 ASSOCIATED WITH HIV INFECTION?					
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✓
Persistent diarrhea?				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✓



DONOR PROFILE – DONOR CODE 31RM

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✓
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)?	Yes✓	No
Please explain whom/problem/organ: FATHER HAS HAD A MILD HEART ATTACK. HE DRINKS, SMOKES AND DOESN'T EXERCISE ROUTINELY.		
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:	Yes	No✓
Have you ever consulted a psychiatrist/psychologist? Please explain: SCHOOL REQUIREMENT	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): I USED TO TAKE COLD MEDICINE AS NEEDED.		
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✓



DONOR PROFILE – DONOR CODE 31RM

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.

FAMILY HEALTH HISTORY

Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Circulatory (Blood)							
Anemia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hemophilia or other bleeding problem	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Immune deficiency	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Leukemia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Sickle-Cell anemia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other blood disorder	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Circulatory (Heart)							
Hardening of Arteries	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Heart Attack	NONE	NONE	X	NONE	PGF	NONE	NONE
Heart disease from birth	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Heart disease (other)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
High blood pressure	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Stroke	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Integumentary (Skin)							
Acne	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Eczema	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Pigmentation disorders	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Psoriasis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Skin Cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other skin disorder	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Mental Health							
Manic depressive disorder	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Schizophrenia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other mental disorder with hospitalization	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Metabolic/Endocrine							
Adrenal dysfunction/disorder	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Diabetes Mellitus	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Goiter	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hyperactivity	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hypoglycemia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Thyroid cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Thyroid disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hyperactivity	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Gastrointestinal							
Colon cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE



DONOR PROFILE – DONOR CODE 31RM

Crohn's disease							
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Gallstones	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hepatitis A (infectious)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hepatitis B & C (serum)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Intestinal cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Ulcer of stomach/duodenum	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Ulcerative colitis/rectal disorder	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other liver disease, cancer or digestive system problem	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Genital/Reproductive							
Breast cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Cancer (cervix, ovaries, uterus)	NONE	NONE	NONE	NONE	X	NONE	NONE
Hypospadias	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Ovarian cyst	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Prostate cancer	NONE	NONE	NONE	NONE	X	NONE	NONE
Undescended testicles	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Uterine fibroid	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Musculo/Skeletal (Muscle/Bones/Joints)							
Arthritis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Deformity of spine	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Gout	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hereditary low back disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Lupus	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Muscular dystrophy	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Osteoporosis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other chronic muscle disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Neurological							
Alzheimer's disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Cerebral palsy	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Creutzfeldt-Jacob disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Disorders of spinal cord	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Epilepsy	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Gaucher's disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Huntington's chorea	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hydrocephalus (fluid accumulation in the brain)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Mental retardation	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Migraines	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Multiple sclerosis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Senility before age 50	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Wilson's disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE



DONOR PROFILE – DONOR CODE 31RM

Other nervous system diseases	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Pulmonary							
Asthma	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Cystic fibrosis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Emphysema	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hay fever	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Lung cancer	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Pneumonia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Tuberculosis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other lung diseases	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Sight/Sound/Smell							
Blindness	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Cataracts before age 50	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Color blindness	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Deafness before age 60	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Deformity of the ear	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Deviated septum	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Glaucoma	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other sight/sound/smell disorders	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Urinary							
Nephritis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Kidney stones	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Kidney failures	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Auto Immune diseases							
Glomerulonephritis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Grave's disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Hemolytic anemia	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Lupus erythematosus	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Myasthenia gravis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Rheumatoid arthritis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Sarcoidosis	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Scleroderma	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Other auto immune disease	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Others							
Alcoholism	NONE	NONE	X	NONE	PGF	NONE	NONE
Autism	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Behavior disorders	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Developmental delays	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Drug abuse/misuse or addiction	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Dwarfism	NONE	NONE	NONE	NONE	NONE	NONE	NONE



DONOR PROFILE – DONOR CODE 31RM

Language disabilities	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FAMILY HEALTH HISTORY (CONTINUED)							
Medical History	You	Mother	Father	Siblings	Grandparents	Aunts/uncles	Cousins
Learning disorders	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Any other cancer not mentioned above	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Any other condition not mentioned above	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Additional Comments:							



DONOR PROFILE – DONOR CODE 31RM_____

PERSONAL STATEMENTS

What is your ultimate goal in life?

TO LIVE A VERY RESPECTFUL LIFE AS A HUMAN BEING

What are you most proud of and Why?

I AM MOST PROUD OF MYSELF FOR NOT GIVING UP WITH SCHOOL AND ALWAYS HOLDING FIRM TO THE NOTION THAT I CAN ACCOMPLISH ANYTHING.

What can you say about your best friend?

HE IS A GREAT MAN TO WHOM I OWE MUCH.