中国玉卵服务中心 China Egg Donor Services
玉兰生殖遗传研究所
YUlane.org Reproductive Genetics Institute
2825 N. Halsted Street, Chicago, IL 60657 Toll Free: 1-888-600-0188

制作
2014.03.31
L_Jie

622 FORM
SNAP Profile

Messege to the Potential Couple

YD-692-DS-429

所在国家	美国
籍贯	美国
出生或年龄	26岁
身高	5'04(英文单位i)
体重	120LBS
血型	未知
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	是

Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年3月份

With Family Members

With Family Members

Donor Applicant DAP ID YD-692-DS-429

Donor Applicant Nick Name 429

Interview by DS

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TODAY 14-3-23

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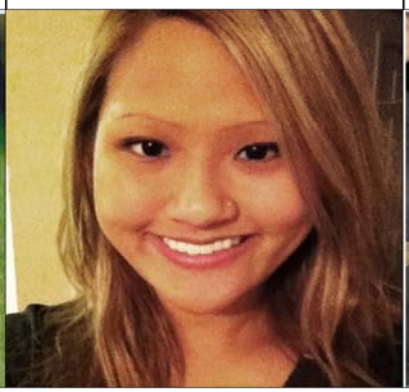
DNAP Profile

DAP Ulane.org
Donor Assessment Program

Additional 1	2	3	4
			

Additional 5	6	7	8
			

Additional 9	10	11	12
			

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Interview by DS

DONOR Applicant Nick Name 429

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DAP Ulane.org
Donor Assessment Program

Add Row				
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Interview by DS

DONOR Applicant Nick Name 429

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Nick Name:429

Donor Number
"429"
What is your city?
"San Antonio"
What is your state?
"Texas"
What race would you most likely be affiliated?
"Asian"
What is your blood type?
"No"
Age
"26"
What is your height?
"5'04""
What is your weight in pounds?
"125"
What is your body type?
"Straight"
What is your skin complexion?
"Medium"
What is your natural hair color?
"Dark Brown"
What is your hair texture?
"Straight"
What is your eye color?
"Black"
Have you had any plastic surgery?
"No"
Have you had any orthodontia?
"No"
Have you had vision correction surgery?
"No"
Do you have glasses?

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Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 429

Donor Data sourced by the Donor Agency
Nick Name:429

What is your frame size?
"Small"

What is your dress size?
"4"

Select the general description of your skin tone.
"Light Brown"

Select the general shade of your skin.
"Medium"

Select the general description of your type of skin.
"Combination"

Select the general description of freckles on your body.
"None"

Select the general description of your ability to tan.
"Easily"

How many times have you donated eggs?
"1"

What is your occupation?
"Nursing Student"

What is your college GPA? (or enter N/A if haven't attended college)
"3.7"

What languages do you know?
"English"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.4	Diploma	College Prep
Community College:			
Bachelors Degree:	3.7	BSN	Nursing
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year

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Donor Data sourced by the Donor Agency

Nick Name:429

SAT Score:	1280	
ACT Score:		

What were/are your best subjects in school?

"Math and Science"

What areas of academic weakness to you have?

"History"

Please describe any awards you have received. (Do not provide information that may identify you).

"Various Scholarships"

What are your career goals?

"To be a great critical care nurse, and eventually go on to become a Certified Registered Nurse Anesthetist"

Are your adopted?

"No"

Please select the dominant ethnicity of each of the following relatives:

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Korean	Korean	Korean	Korean

What is your mother's ethnicity?

"Korean"

What is your father's ethnicity?

"Korean"

Please select the height of each of the following family members:

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'04"	5'11"	5'05"	5'09"	5'05"	5'11"

Please select the weight (in pounds) of each of the following family members: (please just enter the number or unknown)

Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	140	170	145	160	140	160

Please select the body type of each of the following family members:

Family Body Type	Mother	Father	MGM	MGF	PGM	PGF

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Donor Data sourced by the Donor Agency

Nick Name:429

Body Type:	Round	Straight	Straight	Straight	Straight	Straight	

Please select the eye color of each of the following family members:

Family Eye Color	Mother	Father	MGM	MGF	PGM	PGF
Eye Color:	Brown	Brown	Brown	Brown	Brown	Brown

Please select the natural hair color of the following family members as they were when they were a young adult:

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Dark Brown	Dark Brown	Dark Brown	Dark Brown	Dark Brown	Dark Brown

Please select the skin tone of each of the following family members:

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

"No"

Are you of African ancestry?

"No"

Are there any known genetic conditions in your family?

"No"

Do you have children?

"No"

Please provide the following information about your full siblings (enter n/a in a cell if you have no siblings):

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:		5'4"	140	Rounded	Brown	Dark Brown	Yellow
Sibling 2:							
Sibling							

Donor Data sourced by the Donor Agency
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3:							
Sibling 4:							
Sibling 5:							

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	57			Business Manager	High School
Father:	56			Business Manager	College
Maternal Grandmother:		76	Natural Causes/Old Age		High School
Maternal Grandfather:		79	Natural Causes/Old Age		High School
Paternal Grandmother:		82	Natural Causes/Old Age		High School
Paternal Grandfather:		86	Natural Causes/Old Age		College
Sibling 1:					
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

How many full siblings are in your family? (include yourself)
"2"

Why do you want to become an egg donor?
"To help a couple become a family."

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reserved, easy going?
"I am a bubbly person. I can be shy around strangers, but I open up quickly. I am easy going and positive. I don't like to let negative energies bring me down. I love laughing and making people smile."
What are your plans for the future? Where do you see yourself in 5 and 10 years?
"I graduate from nursing school this May and plan to work on gaining experience over the next few years. After that I plan to return to school to get my Masters."
What do you like to do with your liesure time?
"I enjoy a variety of activites from going out to enjoying down time. During my free time I like to clean and organize my place because a tidy home keeps me less stressed during the week."
How active are you physically?
"I am a pretty active person. I love to run and practice yoga. I especially love being outdoors, and recently I have found a new love for hiking. I do still enjoy cat naps."
Name some of your interests. Reading, traveling, camping, sewing, etc.
"I am a girly girl and enjoy shopping, manicures and pedicures. If I can make time, I love to travel. I love to get cozy with a good book and get lost for hours. I also love cooking and baking."
List any honors or awards you have received.
"I've received various scholarships. I have mad ethe Dean's List every semester. I was invited recently to joing Sigma Theta Tau, a nursing honor's society and will be inducted next month."
What sort of volunteer work have you done?
"Multiple health screening and education events, Relay for Life, worked at a spay and neuter clinic for low income areas, worked on a house with Habitats for Humanity, and frequently volunteer at local animla shelters"
What is your favorite food?
"It's a tie between sushi and pizza"
What is your favorite song?
"Anything country"

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What is your favorite book?
"Anything by Jodi Picoult, and the Twilight series by Stephanie Myers"
What is your favorite color?
"Anything vibrant"
What is your favorite sport?
"Volleyball"
What was your favorite childhood activity?
"Swimming, being outdoors"
Who do you admire most and why?
"My father. He always motivates me to do more than I think I can. He always makes me feel like I won, even if I didn't. He's as tough as leather outside, but deep down he's a big softy. He and my mother work hard to give me what they never got."
Do you have or did you have a pet? What type?
"Yes, this past January I adopted a puppy. I named her Mia (Spanish for mine) and she's just about the cutest ball of fluff imaginable! The shelter says she is a border collie mix."
Are you religious or spiritual?
"No"

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH DEFECTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Birth Defects	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Cleft Lip / Palate:	✓								
Congenital Hip Problems:	✓								
Club Feet:	✓								
Heart Defect:	✓								

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Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 429

Donor Data sourced by the Donor Agency
Nick Name:429

Hearing Problems:	✓								
Spina Bifida - Neural Tube (open spine):	✓								
Microcephaly:	✓								
Holoprosencephaly - a single-lobed brain structure and severe skull and facial defects:	✓								
Other:	✓								

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Chromosomal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Down Syndrome:	✓								
Other (i.e. Turner, Fragile X, Klinefelter's, etc.):	✓								

Carefully review the following list of medical problems (CANCER) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

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Other Chronic Muscle Disease:	✓								
Osteogenesis imperfecta (brittle bone disease):	✓								
Loss of Muscle Coordination:	✓								
Osteoporosis:	✓								
Marfan Syndrome:	✓								
Arthritis:	✓								
Rheumatoid or Juvenile Arthritis:	✓								
Spinal Muscular Atrophy:	✓								
Hereditary Low Back Disorder or Deformity of Spine:	✓								
Reiter's Disease:	✓								
Myasthenia Gravis:	✓								
Gout:	✓								
Metabolic Bone Disease:	✓								
Lupus (systemic lupus	✓								

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Donor Data sourced by the Donor Agency

Nick Name:429

Heart Disease:									
Heart Disease or Defect:	✓								
Hardening of the Arteries:	✓								
High Blood Pressure:	✓								
High Cholesterol Level:	✓								

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Reproductive Outcomes	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
2 or more Miscarriages:	✓								
Stillborn:	✓								
Premature Menopause:	✓								
Death of a newborn infant:	✓								
Childhood death:	✓								
Birth Defects:	✓								

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Infertility:	✓								
Premature Birth:	✓								

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Genitals / Reproductive	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Hermaphroditism / Ambiguous Genitals:	✓								
Hypospadias or Undescended Testicle(s):	✓								
Uterine Fibroids:	✓								
Ovarian Cysts or Ruptured:	✓								
Lumps or Cysts in Breast or Discharge:	✓								
Polycystic Ovarian Syndrome (PCOS):	✓								
Pelvic Inflammatory Disease (PID):	✓								
Endometriosis:	✓								

Carefully review the following list of medical problems (BLOOD) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Blood	No	Se	Child	Mot	Fath	Sibli	Grandpar	Aunt/U	Cou

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Nick Name:429

	ne	lf	ren	her	er	ng	ents	ncle	sin
Anemia:	✓								
Sickle-Cell Anemia:	✓								
Factor V Leiden Thrombphilia (blood clots or strokes):	✓								
Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:	✓								
Immune Deficiency:	✓								
Leukemia:	✓								
Lymphoma or Swollen Lymph Nodes:	✓								
HIV:	✓								
Thalassemia:	✓								
Polyarteritis Nodosa:	✓								
Other Blood Disorder:	✓								

Carefully review the following list of medical problems (RESPIRATORY) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

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Respiratory	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Asthma:	✓								
Hay Fever:	✓								
Emphysema:	✓								
Tuberculosis:	✓								
Pneumonia:	✓								
Alpha-1 anyitrypsin Disorder:	✓								
Blood in Sputum:	✓								
Other Lung Disease:	✓								

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Gastro-Intestinal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Appendicitis:	✓								
Ulcer of Stomach or Duodenum:	✓								
Gallstones:	✓								
Hepatitis A, B, or C:	✓								

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Cirrhosis of the Liver:	✓								
Other Liver Disease:	✓								
Ulcerative Colitis:	✓								
Crohns Disease:	✓								
Pyloric Stenosis:	✓								
Multiple Polyps of the Colon:	✓								
Rectal Disorder:	✓								
Inflammatory Bowel Disease:	✓								
Any other problem of the digestive system:	✓								

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Diabetes requiring insulin therapy:	✓								
Diabetes not requiring insulin	✓								

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therapy:									
Childhood Diabetes:	✓								
Thyroid Disorder:	✓								
Goiter:	✓								
Hypoglycemia:	✓								
Adrenal Dysfunction or Disorder:	✓								
Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	✓								
Obesity:	✓								
Dwarfism:	✓								

Carefully review the following list of medical problems (URINARY) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Urinary	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Kidney Problems:	✓								
Polycystic Kidney Disease:	✓								
Other disease/defect of urinary tract (urethra,	✓								

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bladder, ureter):	

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Neurological	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Migraines:	☑								
Mental Retardation:	☑								
Senility or Mental Deterioration before age 50:	☑								
Multiple Sclerosis:	☑								
Cerebral Palsy:	☑								
Neurofibromatosis:	☑								
Epilepsy / Seizures:	☑								
Attention Deficit Disorder / Hyperactivity:	☑								
Autism / Asperger's:	☑								
Alzheimer's Disease / Dementia:	☑								
Hydrocephal	☑								

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us:									
Tuberous Sclerosis:	✓								
Parkinson's Disease:	✓								
Creutzfeldt-Jakob Disease:	✓								
Scoliosis:	✓								
Myasthenia Gravis:	✓								
Huntington's or Wilson's Disease:	✓								
Tourettes's Syndrome:	✓								
Other diseases of the nervous system:	✓								

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Mental Health	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anxiety / Panic Attacks:	✓								
Anorexia / Bulemia / Other eating disorders:	✓								
Depressio	✓								

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n:									
Schizophrenia:	✓								
Manic Depressive or Bipolar Disorder:	✓								
Other mental health disorder requiring hospitalization:	✓								
Suicide Attempts:	✓								
Other mental health problems that warrented counseling:	✓								

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Muscle/Bone /Joints	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Muscular Dystrophy:	✓								
Achondroplasia- form of dwarfism with abnormal bone growth:	✓								

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Anorexia / Bulemia / Other eating disorders:	☑								
Depression:	☑								
Schizophrenia:	☑								
Manic Depressive or Bipolar Disorder:	☑								
Other mental health disorder requiring hospitalization:	☑								
Suicide Attempts:	☑								
Other mental health problems that warrented counseling:	☑								

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Muscle/Bone/Joints.	None.	Self.	Children.	Mother.	Father.	Sibling.	Grandparents.	Aunt/Uncle.	Cousin.
Muscular	☑								

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erythematosis - SLE):	

Carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Sight/Sound /Smell	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Amusia (medical tone deafness):	✓								
Deafness before age 60:	✓								
Deformity of the ear:	✓								
Cataracts before age 50:	✓								
Blindness:	✓								
Color Blindness:	✓								
Sever Myopia:	✓								
Glaucoma:	✓								
Retinoblastoma:	✓								
Retinitis Pigmentosa:	✓								
Deviated Septum:	✓								
Another other Sensory	✓								

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Disorder:	

Carefully review the following list of medical problems (SKIN) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Skin	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Acne:	✓								
Albinism:	✓								
Eczema:	✓								
Excessive Facial Hair (Hirsutism):	✓								
Pigmentation Disorders:	✓								
Psoriasis:	✓								
Neurofibromatosis:	✓								
Other disorders of the skin:	✓								
Infectous Skin Disease:	✓								
More than 5 purple or coffee colored spots on skin (size of quarter or larger):	✓								

Carefully review the following list of medical problems (OTHER) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Other	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin

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Alcoholism:	☑								
Drug Abuse, Misuse or Addition:	☑								
Premature degeneration of any organ system:	☑								
Anorexia:	☑								
Bulemia:	☑								
Other Eating Disorder:	☑								
Any other condition not mentioned in any other question:	☑								

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"No"

Have you had chlamydia within the past 12 months?

"No"

Do you have herpes?

"No"

Have you ever had Trichomoniasis?

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"No"
Have you ever had Syphilis?
"No"
Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?
"No"
Have you ever been diagnosed with Severe Adult Acne?
"No"
Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?
"No"
Have you ever been diagnosed with Ovarian Cysts?
"No"
Have you ever been diagnosed with Chronic Pelvic Pain?
"No"
Have you ever been diagnosed with Polycystic Ovarian Disease?
"No"
Have you ever been diagnosed with Thyroid Disease?
"No"
Do you have allergies?
"Yes"
Do you take daily medications?
"No"
Do you take daily vitamins?
"No"
Do you take any herbal supplements?
"No"
Have you ever had any major medical problems?
"No"
How would you describe your overall health, both mentally and physically?
"Seasonal Allergies. Overall very healthy with the

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occasional stress from school"
How old were you when you had your first period?
"11"
Are your cycles regular when not on the pill?
"Yes"
How many pregnancies have you had?
"0"
How many miscarriages have you had?
"0"
Has anyone in your immediate family (grandparents, parents, self, siblings) had multiple births?
"No"
What method of birth control do you use?
"Condom"
Do you drink?
"No"
Do you smoke or use tobacco products?
"No"
Have you ever used illegal drugs including marijuana or IV drugs and cocaine?
"No"
Do you have any tattoos?
"No"
Do you have any body piercings?
"Yes"
If "Yes", when and where on your body.
"Ear, Tragus, Nose, Navel"

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