中国玉卵服务中心 China Egg Dornor Services
玉兰生殖遗传研究所
YU lane.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

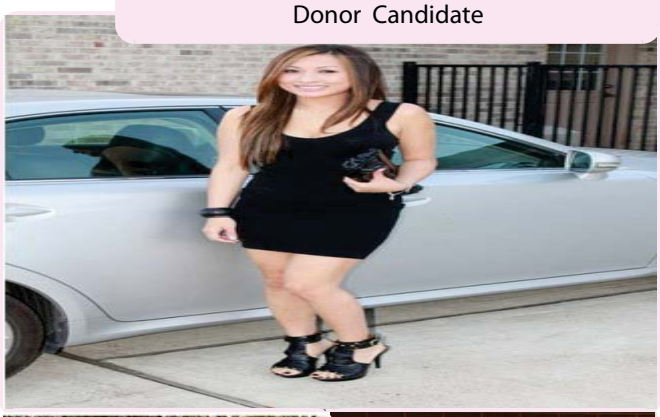
YD-696-DS-564

所在国家	美国
籍贯	美国
出生或年龄	25岁
身高	5'05(英文单位i)
体重	115LBS
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-696-DS-564

Donor Applicant Nick Name 564

Interview by DS

TODAY 14-3-27

制作 2014.03.31 L_Jie

622 FORM
DNAP Profile

DAP Ulane.org
Donor Assessment Program

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	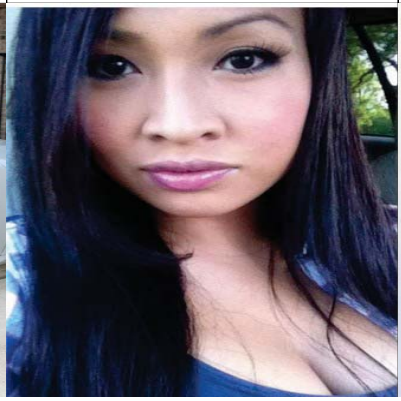		

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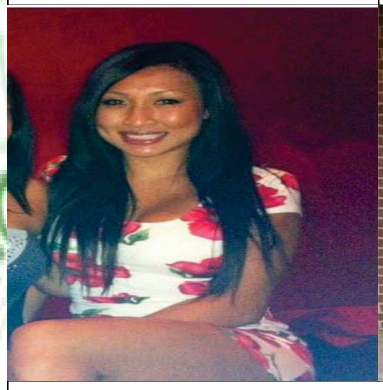			

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		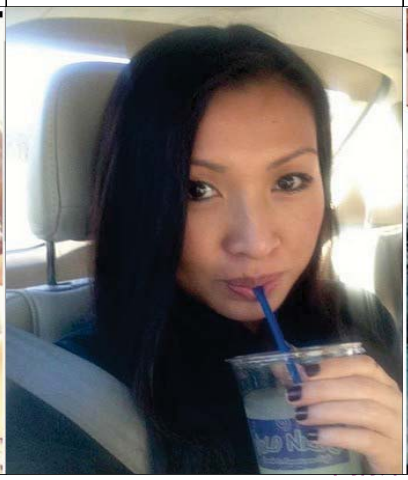	

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 564

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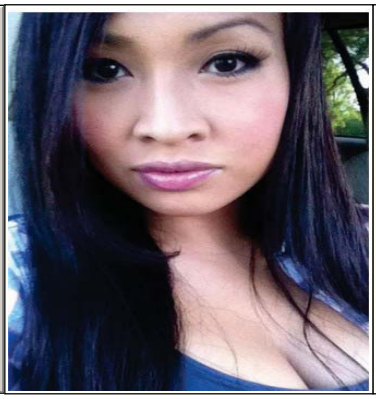
X				

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Donor Data sourced by the Donor Agency
Nick Name: 564

Donor Number
"564"

What is your city?
"Houston"

What is your state?
"Texas"

What race would you most likely be affiliated?
"Asian"

What is your blood type?
"No"

Age
"25"

What is your height?
"5'05""

What is your weight in pounds?
"115"

What is your body type?
"Athletic"

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?
"Brown"

Describe any distinguishing physical characteristics.
"¡ have large almond shaped eyes. (larger than normal asian person)"

Have you had any plastic surgery?
"Yes"

If yes, what type of surgery and when?
"breast augmentation"

Have you had any orthodontia?
"Yes"

本捐卵档案合计页为 31页

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 564

Donor Data sourced by the Donor Agency
Nick Name: 564

If yes, what was the reason and for what duration of treatment.
"I had braces for 8 months when I was 12 years old to correct a crooked tooth on the top."

Have you had vision correction surgery?
"No"

Do you have glasses?
"No"

Do you have contacts?
"No"

Do you have hearing problems?
"No"

Select the general shape of your face.
"Oval"

How significant was your adolescent acne?
"Slight"

How significant is your adult acne?
"None"

What was your natural hair color as a child?
"Dark Brown"

What is your natural hair color as an adult?
"Dark Brown"

What is your hair type?
"Fine"

What is your hair fullness?
"Average"

Select the general shape of your eyes.
"Almond"

Select the general size of your eyes.
"Average"

Select the general shade of your eyes.
"Medium"

Select the general description of your eyebrows.
"Thin"

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

Select the general description of your eyelashes.
"Normal"

Select the general description of the size of your mouth.
"Medium"

Select the general description of the size of your lips.
"Full"

Select the general description of the shape of your chin.
"Oval"

Select the general description of the cleft in your chin.
"Small"

Do you have dimples?
"Left and Right"

Select the general description of the size of your teeth.
"Average"

What is your frame size?
"Small"

What are your natural chest measurements in inches?
"34"

What is your waist size in inches?
"24"

What is your hip size in inches?
"36"

What is your dress size?
"2"

Describe any significant moles you may have on your body.
"n/a"

Select the general description of your skin tone.

Donor Data sourced by the Donor Agency
Nick Name: 564

What is your dominant hand?

"Right"

How many times have you donated eggs?

"3"

What is your occupation?

"nutrition consultant/sales/and student"

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

"3.6"

What languages do you know?

"English""Other (explain)"

Please explain "Other"

"Vietnamese"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	4.0	Diploma	High School
Community College:	3.6	A.A.	Surgical Tech
Bachelors Degree:			
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	n/a	
ACT Score:	n/a	

What were/are your best subjects in school?

"English, science, math"

What areas of academic weakness to you have?

"I hated P.E growing up. I ended up becoming a cheerleader in highschool and loved it and did that the remaining of school. And have since high school become a very athletic person"

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

Donor Data sourced by the Donor Agency
Nick Name: 564

What are your career goals?

"My career goals is to become a Surgical First Assist."

Are your adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Vietnamese	Vietnamese	Vietnamese	Vietnamese

What is your mother's ethnicity?

"Vietnamese"

What is your father's ethnicity?

"Vietnamese"

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'02"	5'08"	5'09"	5'10"	5'02"	5'08"

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:	100	150	unk	unk	unk	unk

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

Family Body Type	Mother	Father	MGM	MGF	PGM	PGF
Body Type:	Straight	Straight	Athletic	Athletic	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

Donor Data sourced by the Donor Agency

Nick Name:564

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

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

"Yes"

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:	male	5'10	145	athletic	brown	brown	olive
Sibling 2:	female	5'2	110	athletic	brown	brown	olive
Sibling 3:	female	5'7	110	athletic	brown	brown	olive
Sibling 4:							
Sibling 5:							

How many children do you have?

"2"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	45			esthetician	some college
Father:	53			electrician	high school
Maternal Grandmother:	62			nanny	high school
Maternal Grandfather:		28	stepped on landmine during vietnam war	soldier	high school

Donor Data sourced by the Donor Agency
Nick Name: 564

Paternal Grandmother:		98	old age	unk	high school
Paternal Grandfather:		100	old age	unk	high school
Sibling 1:	21			student	college
Sibling 2:	18			student	college
Sibling 3:	16			student	high school
Sibling 4:					
Sibling 5:					

How many full siblings are in your family? (include yourself)
"4"

Please add any other comments about your health or your immediate family's health history.
"no known health issues"

Why do you want to become an egg donor?
"I have a friend who has been trying to have children and she told me she was trying Iv-f and that is why i started doing this."

Is your husband / partner supportive of your desire to be a donor?
"Yes"

What is your personality like? Are you outgoing, shy, reserved, easy going?
"Outgoing, easy going, a leader, opinionated"

What are your plans for the future? Where do you see yourself in 5 and 10 years?
"Surgical assistant with a loving family"

What has been your most proud moment to date? What achievement are you most proud of?
"Birth of my 2 children. They are such amazing human beings and I am so proud to be their mother. They are so beautiful and smart."

What is your personal philosophy of life?
"Live, love, laugh"

What do you like to do with your liesure time?
"Family time, read, watch movies, travel, exercise, scrapbooking, arts and crafts"

How active are you physically?
"Extremely. I work out 5 days a week. I do cross fit, run, hiking, and kickboxing"

What sports or activities do you participate in?

Donor Data sourced by the Donor Agency
Nick Name: 564

"Swimming, tennis, running, kick boxing"

Have you played on sports teams or excelled in athletics? Which ones?

"Tennis and softball"

What your your other skills or talents such as writing, acting, dancing, etc.

"piano (I have played for 8 years), sewing, im a good cook"

Name some of your interests. Reading, traveling, camping, sewing, etc.

"Reading, travel, camping, fishing, arts and crafts, baking, sewing, swimming"

List any clubs, sport teams, organizations that you belong to:

"Crossfit"

List any honors or awards you have received.

"President's Academic Award, Honor Society"

What sort of volunteer work have you done?

"Church daycare monthly, Red Cross, volunteer work at nursing homes, Serving food at homeless shelters"

What is your favorite food?

"Sushi"

What is your favorite song?

"any Mariah Carey song"

Who is your favorite star / celebrity?

"Channing Tatum =)"

What is your favorite book?

"I Am Morgan La Fey"

What is your favorite color?

"Pink"

What is your favorite sport?

"Football"

What was your favorite childhood activity?

"Dress up and make believe"

Who do you admire most and why?

"My Father, because he is a hard worker, and always helps others even when it's not convenient."

Do you have or did you have a pet? What type?

"Dog. Scottish Terrier"

Are you religious or spiritual?

"Yes"

Donor Data sourced by the Donor Agency
Nick Name: 564

Do you practice your religion?

"Yes"

What religion or spiritual ritual do you practice now?

"Baptist"

What is one thing that is totally unique about you?

"I think i am very optimistic about everything."

What would you like to say to any potential recipient?

"I would like to say that I hope you guys the best luck in finding a perfect donor. There is nothing I love more than my children and cant wait for you to experience it yourself."

Describe yourself as a young child.

"Outgoing, energetic, imaginative."

What was your favorite thing to do as a child?

"Play make believe. I loved to play teacher to my siblings or play doctor etc."

What was your favorite subject in school?

"English"

What do you remember most about your mother when you were a child?

"She was a hard worker and always saved the best of everything for us kids before she would give it to herself."

What do you remember most about your father when you were a child?

"We were not very rich growing up and every year for our birthday our dad would take us to the 99cent store and let us pick out 20 dollars worth of things, whatever we want, and I remember thinking what a good daddy I have and that I hit the jack pot."

What was your favorite vacation as a child?

"My favorite vacation as a child was to Vietnam. I loved learning about my family history."

What problems did you have when you were a teenager? Social? Health? etc.

"I was a happy teenager for the most part. I was lucky to come from a very close family and had good friends , I think I just went through a normal childhood and had normal teenager problems,, (i.e boys and arguing with siblings)"

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	No	Se	Child	Mot	Fat	Sibli	Grandpa	Aunt/U	Cou

Donor Data sourced by the Donor Agency
Nick Name: 564

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

Donor Data sourced by the Donor Agency
Nick Name: 564

e:	
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".

Cancer	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Breast:	✓								
Colon or Intestinal:	✓								
Lung:	✓								
Ovarian or Uterine:	✓								
Prostate or Testicular:	✓								
Skin:	✓								
Stomach:	✓								
Thyroid:	✓								
Blood (e.g. leukemia):	✓								

Donor Data sourced by the Donor Agency
Nick Name: 564

Other:	☑

Carefully review the following list of medical problems (HEART) 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 or none of your family members have a history of the specific medical condition, please check "None".

Heart	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Stroke:	☑								
Heart Attack:	☑								
Congenital 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".

Donor Data sourced by the Donor Agency
Nick Name: 564

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:	☑								
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	☑								

捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

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	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
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:	✓								

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Donor Data sourced by the Donor Agency
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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".

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	✓								

Donor Data sourced by the Donor Agency
Nick Name: 564

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

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

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

Donor Data sourced by the Donor Agency
Nick Name: 564

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, 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 Deteriorati	✓								

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

on before age 50:	
Multiple Sclerosis:	☑
Cerebral Palsy:	☑
Neurofibromatosis:	☑
Epilepsy / Seizures:	☑
Attention Deficit Disorder / Hyperactivity:	☑
Autism / Asperger's:	☑
Alzheimer's Disease / Dementia:	☑
Hydrocephalus:	☑
Tuberous Sclerosis:	☑
Parkinson's Disease:	☑
Creutzfeldt-Jakob Disease:	☑
Scoliosis:	☑
Myasthenia Gravis:	☑
Huntington's or Wilson's Disease:	☑

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

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:	✓								
Depression:	✓								
Schizophrenia:	✓								
Manic Depressive or Bipolar Disorder:	✓								
Other mental health disorder	✓								

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency
Nick Name: 564

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:	✓								
Other Chronic Muscle Disease:	✓								
Osteogenesis imperfecta	✓								

Donor Data sourced by the Donor Agency
Nick Name: 564

(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 erythematosis - SLE):	✓

本捐卵档案合计页为 31页

Donor Data sourced by the Donor Agency

Nick Name: 564

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 Disorder:	☑								

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Donor Data sourced by the Donor Agency
Nick Name: 564

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.

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Donor Data sourced by the Donor Agency
Nick Name: 564

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".

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

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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?
"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"

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Have you ever been diagnosed with Thyroid Disease?
"No"

Do you have allergies?
"No"

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?
"Excellent"

How old were you when you had your first period?
"13"

Are your cycles regular when not on the pill?
"Yes"

How many days are there from the beginning of one period to the beginning of the next period?
"30"

How many pregnancies have you had?
"2"

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

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use?
"IUD - non hormonal"
Do you drink?
"Yes"
How many drinks do you usually consume in a week?
"1-5"
Do you smoke or use tobacco products?
"No"

When is the last time you had marijuana?
"Never"
When is the last time you have used recreational or illicit drugs (cocaine, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids for non-medical reasons, or etc.)?
"Never"

Do you have any tattoos?
"Yes"
If "Yes", when and where on your body.
"1 beneath my hairline next to my right ear"
Do you have any body piercings?
"Yes"
If "Yes", when and where on your body.
"ears and belly button"

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