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

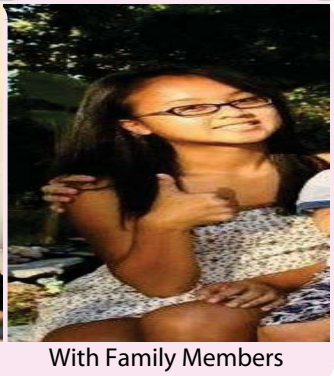
Messege to the Potential Couple

YD-701-DS-733

所在国家	美国
籍贯	美国
出生或年龄	24岁
身高	5'04(英文单位i)
体重	125LBS
血型	AB
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	否

Donor Candidate

With Family Members



With Family Members

联系方式: 400-887-1005

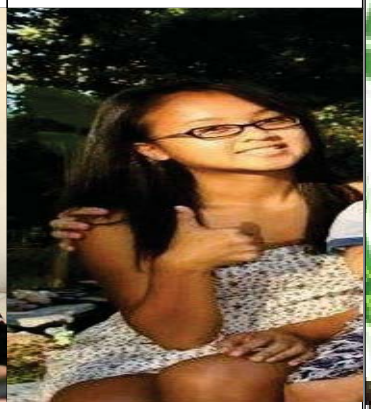
档案制作时间: 2014年3月份

TODAY 14-3-23

制作
2014.03.31
L_Jie

622 FORM
DNAP Profile

DAP Ulane.org
Donor Assessment Program

Additional 1	2	3	4
			

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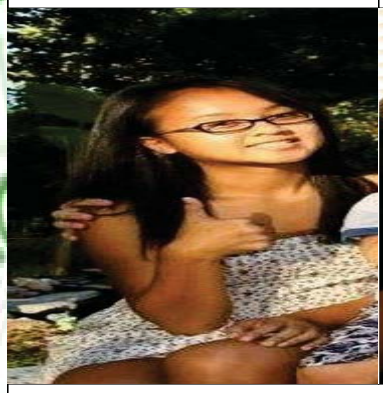			

Additional 9	10	11	12
			

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 733

Add Row				
X				

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Donor Data sourced by the Donor Agency
Nick Name:733

Donor Number
"733"

What is your city?
"Dallas"

What is your state?
"Texas"

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

What is your blood type?
"AB+"

Age
"24"

What is your height?
"5'04""

What is your weight in pounds?
"125"

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?
"Wavy"

What is your eye color?
"Brown"

Describe any distinguishing physical characteristics.
"N/A"

Have you had any plastic surgery?
"No"

Have you had any orthodontia?
"Yes"

If yes, what was the reason and for what duration of treatment.

本捐卵档案合计页为 27页

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 733

Donor Data sourced by the Donor Agency
Nick Name:733

"Orthodontia treatment correction of bite, for the duration of 18 months."

Have you had vision correction surgery?
"No"

Do you have glasses?
"Yes"

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?
"Average"

How significant is your adult acne?
"During Menstruation"

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

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

What is your hair type?
"Medium"

What is your hair fullness?
"Thick"

Select the general shape of your eyes.
"Almond"

Select the general size of your eyes.
"Large"

Select the general shade of your eyes.
"Medium"

Select the general description of your eyebrows.
"Average"

Select the general description of your eyelashes.
"Long"

本捐卵档案合计页为 27页

Donor Data sourced by the Donor Agency
Nick Name:733

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

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

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?
"Petite"

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

What is your waist size in inches?
"27"

What is your hip size in inches?
"32"

What is your dress size?
"4"

Describe any significant moles you may have on your body.
"I have a small mole on my face & another on my right hand under my pointer finger."

Select the general description of your skin tone.
"Olive"

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"

Donor Data sourced by the Donor Agency
Nick Name:733

What is your dominant hand?
"Right"

How many times have you donated eggs?
"0"

What is your occupation?
"student"

What is your college GPA? (or enter N/A if haven't attended college)
"3.5"

What languages do you know?
"English""Other (explain)"
Please explain "Other"
"Khmer & conversational Spanish and French"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.5	Diploma	High School
Community College:	3.5	basics	Science
Bachelors Degree:	start Fall 2014	BSN	Nursing
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	N/A	N/A
ACT Score:	28	2009

What were/are your best subjects in school?
"History & Science"

What areas of academic weakness to you have?

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 733

Donor Data sourced by the Donor Agency
Nick Name:733

"Mathematics"

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

"N/A"

What are your career goals?

"I would like to finish my degree in Nursing Anesthesia, and in due time finish my Masters in the same field."

Are your adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Asian	Asian	Chinese	Chinese

What is your mother's ethnicity?

"Asian""Other (explain)"

Please explain "Other"

"Mother is Vietnamese Cambodian with some European heritage."

What is your father's ethnicity?

"Asian""Other (explain)"

Please explain "Other"

"Father was Chinese and Cambodian, mainly Chinese with only a grandfather Cambodian but Cambodia. He was very tall and very fair skinned."

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

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'00"	5'06"	5'00"	6'00"	5'00"	5'09"

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

Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	160	180	100	unknown	unknown	unknown

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

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

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

Donor Data sourced by the Donor Agency
Nick Name:733

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

Please select the natural hair color of the following family members as they were when they

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

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

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

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:	Male	5'7"	145	athletic	brown	black dark brown	fair yellow
Sibling 2:	Female	5'4"	135	athletic	light brown	light brown	fair olive
Sibling 3:	Female	5'0"	135	athletic	brown	black dark brown	olive medium
Sibling 4:	Female	4'5"	55	slim	light brown	light brown	fair olive
Sibling 5:							

How many children do you have?
"0"

Please provide the following information about your family members:

Family Member	Age (if	Age at	Cause of	Occupation	Education

Donor Data sourced by the Donor Agency

Nick Name:733

	living)	Death	Death		Level
Mother:	45			business owner	village school
Father:	55			business owner	College
Maternal Grandmother:	78			farmer	village school
Maternal Grandfather:		82	pneumonia	farmer	village school
Paternal Grandmother:		60's	smokers!	landowners/business owners	????
Paternal Grandfather:		60's	maybe lung cancer?	landowners/business owners	some college
Sibling 1:	27			Car Designer	College
Sibling 2:	22			Nursing Student	in college
Sibling 3:	20			Student Nursing	in college
Sibling 4:	8			Student	Elementary
Sibling 5:					

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

"5"

Please add any other comments about your health or your immediate family's health history.

"Maternal Grandfather suffered from strokes and heart attack around 65, due to high stress."

Why do you want to become an egg donor?

"To give someone the chance to be a family"

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?

"I' am definitely outgoing, independent, energetic, giving and very talkative. I tend to make friends pretty easily."

What are your plans for the future? Where do you see yourself in 5 and 10 years?

"In 5 to 10 years, I hope to find myself graduated with my Masters and also have traveled a little more."

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Donor Data sourced by the Donor Agency

Nick Name:733

What has been your most proud moment to date? What achievement are you most proud of?
"Even though I have yet to accomplish much, I am very proud of where I've gotten myself & my siblings."
What is your personal philosophy of life?
"You'll never know unless you try."
What do you like to do with your liesure time?
"A little of everything fascinates me, so reading an article or playing any sport outside."
How active are you physically?
"Depending on my schedule & weather, I am very active."
What sports or activities do you participate in?
"Tennis, Sand Volleyball, Softball, Racquetball,"
Have you played on sports teams or excelled in athletics? Which ones?
"I have played Tennis throughout high school, although throughout the years there was a lack of structure & discipline. But I still play almost every other weekend since."
What your your other skills or talents such as writing, acting, dancing, etc.
"I believe myself to be an naturally skilled writer. I try to stay up to date with everything to have an opinion about anything."
Name some of your interests. Reading, traveling, camping, sewing, etc.
"I love to travel. Nothing else can beat the experiences & memories made. Although I have hobbies of camping over the weekend, but my heart really is in traveling."
List any clubs, sport teams, organizations that you belong to:
"Other than high school, unfortunately my schedule did not allow for extracurricular activities."
List any honors or awards you have received.
"Received A/B Honor and Attendance Award through out elementary, Middle school mostly Orchestra awards, High school; Tennis trophies"
What sort of volunteer work have you done?
"Through out high school, I did volunteer around school, helping with paper work or classrooms."
What is your favorite food?

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Donor Data sourced by the Donor Agency
Nick Name:733

"I dont have a "favorite food." I'll try everything at least once, although fruit will always be at the top."

What is your favorite song?

"I love all genres of music, so it really depends on my mood."

Who is your favorite star / celebrity?

"Cate Blanchette, Meryl Streep, Jennifer Lawrence, Emily Deschanel: celebrities, I beleive to have substance"

What is your favorite book?

"I love series; Stieg Larsons "The Girl With", Harry Potter, Lord of The Rings"

What is your favorite color?

"Navy blue or grey"

What is your favorite sport?

"Tennis, I also like to watch NBA"

What was your favorite childhood activity?

"I loved running around with the neighborhood kids, climbing trees & just plain playing!"

Who do you admire most and why?

"I admire men, women & children who has com face to face with adversity, only to beat the odds."

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

"My little sister had a dog, he was sheep shepherd and rat terrier"

Are you religious or spiritual?

"I consider myself more spiritual than religous."

Do you practice your religion?

"I do not have a particular religion to practice."

What religion or spiritual ritual do you practice now?

"Agnostic/Christianity"

What is one thing that is totally unique about you?

"I tend to read my magazines backwards."

What would you like to say to any potential recipient?

"I believe that if chosen, you would have the most fun loving, rambunctious, kindred heart child. Who loves to learn & who only wants to reciprocate that love."

Describe yourself as a young child.

"I'd describe myself as shy, timid & inquisitive."

Donor Data sourced by the Donor Agency

Nick Name:733

What was your favorite thing to do as a child?

"We had a tire swing connected to this huge tree in our backyard. As a child I always found solace at that swing."

What was your favorite subject in school?

"My favorite subject was history. I loved reading stories about where people came from, and how and why they are they way are/"

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

"Both of my parents worked a lot, so I never really had a relationship with her as a young child"

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

"My fathers schedule changed periodically, so every now and then during the winter he'd bring my brother and I to school."

What was your favorite vacation as a child?

"We once took a trip to Houston, and my dad brought us to NASA, it was pretty amazing!"

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

"Didnt really have any social skill issues as a teenager."

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRT and identify which ones you or one of your genetic relatives have or had. Please consider ea carefully for each family member. If you and none of your family members have a history of t 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:	✓								
Hearing Problems:	✓								
Spina Bifida - Neural Tube (open spine):	✓								
Microcephaly:	✓								

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Donor Data sourced by the Donor Agency
Nick Name:733

Holoprosencehpaly - a single-lobed brain structure and severe skull and facial defects:	✓								
Other:	✓								

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) and identify wh
one of your genetic relatives have or had. Please consider each condition carefully for each family member.
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 h
consider each condition carefully for each family member. If you and none of your family members have a history of the specif
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):	✓								
Other:	✓								

Carefully review the following list of medical problems (HEART) and identify which ones you or one of your
have or had. Please consider each condition carefully for each family member. If you or none of your family

Donor Data sourced by the Donor Agency

Nick Name:733

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 or your genetic relatives have or had. Please consider each condition carefully for each family member. If you 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	✓								

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Donor Data sourced by the Donor Agency

Nick Name:733

Defects:	
Infertility:	✓
Premature Birth:	✓

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

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

Donor Data sourced by the Donor Agency

Nick Name:733

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 relatives have or had. Please consider each condition carefully for each family member. If you and none of 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	✓								

Donor Data sourced by the Donor Agency
Nick Name:733

anyitrypsin Disorder:									
Blood in Sputum:	✓								
Other Lung Disease:	✓								

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which ones you genetic relatives have or had. Please consider each condition carefully for each family member. If you and 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:	✓								
Any other	✓								

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Donor Data sourced by the Donor Agency
Nick Name:733

problem of the digestive system:									

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones your genetic relatives have or had. Please consider each condition carefully for each family member. If you 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:	✓								
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:	✓								

Donor Data sourced by the Donor Agency
Nick Name:733

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 Deterioration 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	✓								

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Donor Data sourced by the Donor Agency
Nick Name:733

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:	✓								
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

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Donor Data sourced by the Donor Agency

Nick Name:733

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 (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 -	☑								

Donor Data sourced by the Donor Agency

Nick Name:733

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 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):	✓								

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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
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"

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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"

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

Do you have allergies?
"Yes"

Do you take daily medications?
"Yes"

Do you take daily vitamins?
"No"

Do you take any herbal supplements?
"No"

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Have you ever had any major medical problems?
"No"

How would you describe your overall health, both mentally and physically?
"Overall, I'd describe myself as healthy mentally & physically."

How old were you when you had your first period?
"12"

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?
">40"

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?
"Yes"

What method of birth control do you use?
"Birth Control Pills"

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?
"over 2 years ago"

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"

Donor Data sourced by the Donor Agency

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Do you have any tattoos?

"No"

Do you have any body piercings?

"No"

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