



**Message to the Potential Couple**

**YD-CES501-LINDA**

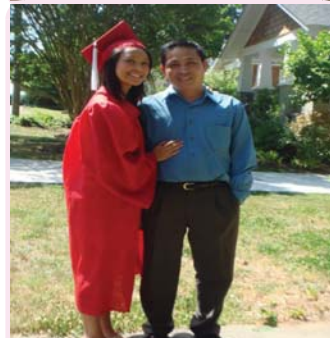
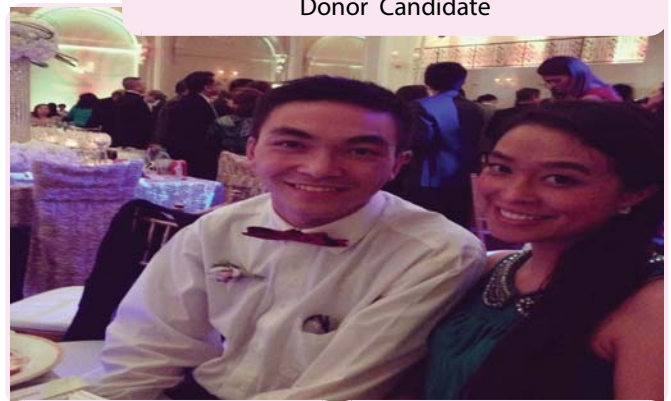
所在国家	美国
籍贯	中国越南
出生或年龄	26岁
身高	5'5(英文单位i)
体重	104LBS
血型	B+
当前受教育程度	大学本科-生物学
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	从没有捐赠过



Donor Candidate

**联系方式: 400-887-1005**

**档案制作时间: 2014年5月份**













With Family Members



With Family Members



Additional 1 	2 	3 	4 
Additional 5 	6 	7 	8 
Additional 9 	10 	11	12

本档案合计页为 XXXX 页



DONOR Applicant Nick Name \_\_\_\_\_

Profiles Presentation \_\_\_\_\_

Interview by \_\_\_\_\_



FDA screening questions / FDA问卷调查 Egg Donor 捐卵人员 Intended parent 受卵人员	Y 是 N 否 DON'T KNOW 不知道	Comments 意见
1. Have you injected drugs for a non-medical reason in the last 5 years, including intravenous, intramuscular, or subcutaneous injection? 在最近五年内, 您有因为除了医疗以外的其它原因而使用注射药品吗 (包括静脉注射、肌内注射、和皮下注射)?	NO	
2. Do you have a clotting disorder for which you have received human-derived clotting factor concentration? 您是否有不正常凝血功能, 并且接受由人体提炼的助凝血因子?	NO	
3. Have you had sex for drugs or money in the past 5 years? 您曾为了毒品, 或是金钱而在过去五年内与人发生性关系吗?	NO	
4. In the past 12 months, have you given money or drugs to anyone to have sex with you? 在最近的12个月内, 您曾利用金钱或是毒品而使其它人与您发生性关系吗?	NO	
5. Have you had sex in the past 12 months with anyone who would answer yes to the above 4 questions? 在最近的12个月内, 您曾与会回答以上4个问题“是”的人发生性关系吗?	NO	
6. Female: In the past 12 months, have you had sex with a man who has had sex with another man in the past 5 years? 女性: 在最近的12个月内, 您曾与在五年内有过同性性行为的男性发生性关系吗? Male: Have you had sex with another male in the past 5 years?	NO	
7. In the past 12 months, have you had sex with a person known or suspected to have HIV, or active hepatitis B or C? 在最近的12个月内, 您曾与可能患有艾滋病或是B、C型肝炎的人发生性关系吗?	NO	
8. In the past 12 months, have you been exposed to known or suspected HIV, hepatitis B, and/or hepatitis C infected blood through percutaneous inoculation, contact with an open wound, non-intact skin, or mucous membrane? 在最近的12个月内, 您曾经与患有或是可能患有艾滋病或是B、C型肝炎的人有过经由皮肤接种、伤口、破皮、或是黏膜的血液接触吗?	NO	
9. In the past 12 months, have you been in close contact (i.e. sharing kitchen and bathroom) with a person having active viral hepatitis? 在最近的12个月内, 您曾与患有肝炎病毒的人有过密切接触吗 (共同使用厨房, 或是卧室)?	NO	

(中文)

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 8700 West Bryn Mawr, Suite 800 South Chicago, IL 60631 Operator: 773-871-1588

The Yulane Foundation is a national, nonprofit organization dedicated to providing reproductive information, support, and hope to Chinese business entrepreneurs whose medical treatments present the risk of infertility.



FDA screening questions / FDA问卷调查 Egg Donor 捐卵人员 Intended parent 受卵人员	Y是 N否 DON'T KNOW 不知道	Comments意见
10. In the past 12 months, have you had tattooing, ear or body piercing in which shared instruments were used? 最近的12个月内, 您有刺青、打耳洞、或是任何的身体穿洞吗?	NO	
11. After the age of 11, have you ever had viral hepatitis (Hep A excluded: IgM anti-HAV test)? 11岁之后, 您有没有得过肝炎 (A型肝炎除外)?	NO	
12. Have you yourself received or had intimate contact (i.e. exchanged body fluids, including sharing toothbrushes and razors) with someone who has received organs or cells from non-human sources? 您有接受过其它动物的细胞或器官, 或者您有和有接受过的人有亲密接触吗?	NO	
14. In the past 4 weeks have you had any shots or vaccinations? 最近的4个星期内, 您有接受过任何的注射或者疫苗吗?	NO	
15. Have you been diagnosed with West Nile Virus (defer at least 28 days from date of diagnosis or 14 days from the date condition is resolved; whichever is later)? 您曾经感染西尼罗河病毒吗? (如果有的话, 请将捐卵程序延期至少28天)?	NO	
6. Female: In the past 12 months, have you had sex with a man who has had sex with another man in the past 5 years? 女性: 在最近的12个月内, 您曾与在五年内有过同性性行为的男性发生性关系吗?	NO	
16. Have you had a blood transfusion or infusion within the past 48 hours before your blood test for eligibility? If so, algorithms must be used to determine if plasma dilution is a problem. 在您做验血检查的48小时内, 您有没有另外做输血或是接受血液的动作。如果有, algorithms将会用来确定plasma dilution是否会造成困扰。	NO	
17. Have you ever received growth hormone made from human pituitary glands? 您曾经接受过人类脑下垂体的成长激素吗?	NO	
18. Have you ever received a dura mater (brain covering) graft? 您有做过脑硬膜移植吗?	NO	
19. Have any of your blood relatives ever had Creutzfeldt-Jakob disease? 您或是您的血缘亲戚曾患有库贾氏病吗?	NO	
20. In the past 12 months, have you had a positive syphilis test? 最近的12个月内, 您曾患有梅毒吗?	NO	
21. In the past 12 months, have you had or been treated for syphilis or gonorrhea? 最近的12个月内, 您接受过梅毒或是淋病的治疗吗?	NO	

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FDA screening questions / FDA问卷调查 Egg Donor 捐卵天使 Intended Parents 受赠夫妻	Y 是 N 否 DON'T KNOW 不知道	Comments 意见
22. In the past 12 months, have you been in jail for more than 3 days in a row? 在最近的12个月内,您曾经进过监狱吗?	NO	
23. From 1980 through 1996, were you a member of the US military, a civilian military employee or a dependent of a member of the US military? 从1980到1996之内,您有服过兵役或者是军人家属吗?	NO	
24. Since 1980, have you ever lived in or traveled to Europe? (Includes: England, Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands) 1980年之后,您有到过欧洲旅游或者是居住吗(包括英国、爱尔兰、苏格兰、韦尔斯、英国属地曼岛、直布罗陀、英属福克兰群岛等)?	Yes	for travel to England, Spain, France
25. Have you been in a place affected by SARS or with an affected person with in the past 14 days? 在最近的14天之内,您曾到过有SARS的地方,或是与患有SARS的人接触过吗?	NO	
26. Have you been treated for SARS in the last 28 days? 在最近的28天之内,您有接受过SARS的治疗吗?	NO	
27. Were you born in, have you lived in, or have you traveled to any African country since 1977? 从1977年之后,您是否出生、居住、或是到非洲旅游过?	NO	
28. When you traveled to _____, did you receive a blood transfusion or any other medical treatment with a product made from blood? 当您到 _____ 国旅行时,您曾接受任何输血、或是由血液制造的医疗药品吗?	NO	
29. Have you had sexual contact with anyone who was born in or lived in any African country since 1977? 从1977年之后,您有从有居住过非洲或者是在非洲出生的人发生性关系吗?	NO	

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Name of partner 伴侣人数: NO partner

Partner's Date of birth 伴侣的出生日期: \_\_\_\_\_

Partner's Social Security number 伴侣的社会保障号码: \_\_\_\_\_

What are your favorite stores to shop or restaurants to eat at 您最喜欢的店或是最喜欢的餐厅?

Zara for shopping and usually I eat Italian

How did you hear about us 您是如何得知本中心的信息?

Friend

Do you have reliable transportation 您是否有可靠的交通工具?

Taxi

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EGG DONOR PROFILE

捐卵人员档案

THE FOLLOWING INFORMATION WILL BE INCLUDED IN YOUR PROFILE.

以下资料将会包括在给予本中心受卵人员所查看的资料中

Date form completed 表格完成日期: 14-05-2014

BASIC INFORMATION 基本信息

Age 年龄: 26

Occupation 职业: Laboratory Manager

Blood type 血型: B+

Confirmed Date 确定日期: 02-02-1988

Religious background 宗教信仰背景: Protestant

Marital Status 婚姻状况: Single

PHYSICAL DESCRIPTION 生理描述

Height 身高: 5 feet 7 inches

Weight 体重: 115 lbs.

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Dark brown

Hair texture 发质: Straight

Complexion 肤色: Medium

Physical build 体型: Thin

Predominant hand 主要用手习惯: Right

ETHNIC ORIGIN 种族血统: Vietnamese / Caucasian

(please be specific - French, Chinese, German, etc. 请详细注明填写. 例如: 法国人, 中国人, 德国人)

Maternal 母亲: Vietnamese / Caucasian Paternal 父亲: Vietnamese

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EDUCATION 教育程度

Years of high school completed 读了几年高中: 4. GPA 平均成绩: 4.0 SAT Score / SAT分数: 1200

Years of college completed 读了几年大学: 4 GPA 平均成绩:           

Post-Graduate Education 大学后更进一步的高等教育:            Major 主修: Biological Sciences

Degree 学位: Bachelors of Science Educational goals 学业目标: Director of Clinical Studies

Have you had an IQ test 是否做过智力测验?  Yes 是  No 否

If yes, list date and scores 如果有, 请列出日期:            和成绩:           

Do you have any learning disabilities 您是否有任何学习障碍?  Yes 是  No 否

If yes, please explain 如果有, 请解释:           

DONATION HISTORY 捐卵历史

Have you been an egg donor previously 您之前有捐过卵吗?  Yes 是  No 否

If yes, how many times 如果有, 请问共捐了多少次?           

How many eggs were retrieved 取得了多少卵?           

Did a pregnancy occur 使用捐卵的夫妇有怀孕吗?  Yes 是  No 否  Don't know 不知道

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Which of the following describes you best 以下哪些项目最能形容您的个性?

Check all that apply 勾选所有合适的项目:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extrovert 外向               | <input checked="" type="checkbox"/> Slight extrovert 稍微外向 | <input type="checkbox"/> Energetic 有活力的           |
| <input type="checkbox"/> Introvert 内向               | <input checked="" type="checkbox"/> Slight introvert 稍微内向 | <input checked="" type="checkbox"/> Passive 被动的   |
| <input type="checkbox"/> Aggressive 挑战性的            | <input type="checkbox"/> Assertive 独断的                    | <input checked="" type="checkbox"/> Sensitive 敏感的 |
| <input checked="" type="checkbox"/> Warm 热情的        | <input checked="" type="checkbox"/> Happy 快乐的             |   |
| <input checked="" type="checkbox"/> Independent 独立的 | <input type="checkbox"/> Dependent 依赖的                    |   |
| <input type="checkbox"/> Shy 害羞的                    | <input type="checkbox"/> Moody 情绪化的                       |   |
| <input type="checkbox"/> Lonely 孤独的                 | <input type="checkbox"/> Quiet 安静的                        |   |
| <input type="checkbox"/> Other 其他:                  |   |   |

Please describe your childhood 请形容您孩童时期的成长经历:

Happy, normal

Please describe your personality and character 请形容您的性格和特质:

Funny, smart, nice, loyal

What are your favorite books 您最喜欢的书籍?

Pride and Prejudice, Anna Karenina, Little Women

What are your favorite movies 您最喜欢的电影?

Pride and Prejudice, Anna Karenina, Finding Nemo

What is your favorite color 您最喜欢的颜色?

Purple

What are your favorite foods 您最喜欢的食物?

Italian, French, salads

What was your favorite subject in school 您在学校时最喜欢的科目?

History

(中文)



Please describe any special talents, skills, or abilities you have 请形容任何您所会的特别才艺和技能:

I play the flute and can speak almost five languages

What languages do you speak 您会说哪些语言?

English, Vietnamese, Spanish, French (little), Mandarin (little)

What kind of sports, activities, and/or hobbies do you enjoy 您喜欢哪些运动、活动和兴趣?

I play soccer, like to run, and watch movies

Where would you like to travel to and why 您会想要去哪里旅行 为什么?

I like traveling to Europe because of the culture and history

Who are the most important people in your life 您生命中最重要的人是哪一位?

My father and my best girlfriend

What is your philosophy in life 您的人生哲学是什么?

Life is what you make of it

What is the reason you want to be an egg donor 是什么原因让您想考虑捐卵?

I want to help families have children because I think being parents are the best experiences in the world.

Is there anything else you would like to tell us about yourself 愿意分享其他有关于您的事情吗?

No.

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Present form of birth control 现在正在使用的避孕方法: IUD

Do you have regular, predictable menstrual periods 您有没有规律及可预期的经期?  Yes 是  No 没有

How often do you have menstrual periods 您的月经周期多久? No periods

Every 每隔    days my period comes 天来一次. It lasts 一次约维持    days 天.

**PREGNANCY HISTORY 怀孕历史**

Have you ever been pregnant 您曾经怀孕过吗?  Yes 是  No 没有

For all previous pregnancies (including abortions and miscarriages). Please list the following information:  
 如果您曾经怀孕过 (包括堕胎和流产), 请完成下列问题:

	Year年	Delivery 生产方式	Outcome 结果	Complications 并发症
1				
2				
3				
4				
5				

Have you ever had trouble getting pregnant 您曾有不易受孕的困扰吗?  Yes 是  No 没有

If yes, please explain 如果有, 请解释:

Did your parents have difficulty conceiving 您的父母有怀孕方面的困难吗?  Yes 是  No 没有

Do any of your family members, including siblings, have fertility issues 您的家人 (包括兄弟姐妹) 有任何不孕症的困扰吗?  Yes 是  No 没有

Explain 请解释:

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YOUR CHILDREN 您的子女

1.  Female 女性  Male 男性

Hair color 头发颜色: \_\_\_\_\_ Eye color 眼睛颜色: \_\_\_\_\_

Any health problems 有任何健康上的问题吗? \_\_\_\_\_

2.  Female 女性  Male 男性

Hair color 头发颜色: \_\_\_\_\_ Eye color 眼睛颜色: \_\_\_\_\_

Any health problems 有任何健康上的问题吗? \_\_\_\_\_

3.  Female 女性  Male 男性

Hair color 头发颜色: \_\_\_\_\_ Eye color 眼睛颜色: \_\_\_\_\_

Any health problems 有任何健康上的问题吗? \_\_\_\_\_

4.  Female 女性  Male 男性

Hair color 头发颜色: \_\_\_\_\_ Eye color 眼睛颜色: \_\_\_\_\_

Any health problems 有任何健康上的问题吗? \_\_\_\_\_

5.  Female 女性  Male 男性

Hair color 头发颜色: \_\_\_\_\_ Eye color 眼睛颜色: \_\_\_\_\_

Any health problems 有任何健康上的问题吗? \_\_\_\_\_

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HEALTH INFORMATION 健康资料

Blood type 血型: B RH factor:  Positive 阳性  Negative 阴性

Are you under a physician's care for any reason 您现在有在看任何医生吗?  Yes 是  No 没有

If yes, please explain 如果有, 请解释:

Current medications 目前正在使用的药物 (include vitamins, aspirin, antacids, etc. 包括维他命、头痛药、胃药等)

	Medication 药物	Frequency 使用频率	Reason 使用原因
1	Claritin	Daily	Seasonal Allergies
2	Fluoxetine	10 mg / daily	Anxiety
3			
4			

List all allergies and your reaction to each 列出您所有的过敏现象:

	Allergen 过敏原	Reaction 过敏状况
1	Pollen	Sneezing, itchy eyes
2	Cat/Dog Dander	Sneezing, itchy eyes
3		

Do you wear glasses or contact lenses 您有戴眼镜或是隐形眼镜吗?  Yes 有  No 没有

What is the condition of your teeth 您的牙齿状况如何  Excellent 非常好  Good 好  Fair 普通  Poor 不好

How is your diet 您的饮食状况如何?

Vegetarian 素食者  Non-vegetarian 非素食者

Excellent 非常好  Good 好  Fair 普通  Poor 不好

Are you adopted 您是被领养的吗?  Yes 是  No 不是

If yes, do you know your medical history 如果是, 您知道您的健康历史吗?  Yes 知道  No 不知道 (中文)

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Please list any significant illnesses you have had 请列出您过去所有的重大疾病: None

Were you ever hospitalized as a child or adult 您在小时候或是长大成人后有住过院吗?  Yes 有  No 没有  
If yes, please explain 如果有, 请解释:

[Empty box for explanation]

Do you ever smoke cigarettes 您抽烟吗?  Yes 有  No 没有  
If yes, how many per day 如果有, 请问一天抽多少根? 1/month

Do you drink alcohol 您喝酒吗?  Yes 有  No 没有  
If yes, how many drinks per week 如果有, 请问一个星期喝多少? 5/week

Do you have any history of alcohol abuse 您过去有酗酒的习惯吗?  Yes 有  No 没有  
If yes, please explain 如果有, 请解释:

[Empty box for explanation]

Have you ever used IV drugs 您曾经用过毒品吗?  Yes 有  No 没有  
If yes, please explain 如果有, 请解释:

[Empty box for explanation]

Have you ever been under the care of a psychiatrist 您曾经看过精神科医生吗?  Yes 有  No 没有  
If yes, please explain 如果有, 请解释:

Anxiety from stress of school/work

Have you ever been convicted of a crime/felony 您有犯罪记录吗?  Yes 有  No 没有  
If yes, please explain 如果有, 请解释:

[Empty box for explanation]

(中文)



How many sexual partners have you had in the past 6 months 您在过去六个月之内有多少个性伴侣? 1

Have you had any body piercing or tattoos 您有任何的穿洞或是刺青吗?

Yes 有  No 没有 when 日期:                     

Have you had a smallpox vaccination 您曾种过牛痘吗?  Yes 有  No 没有 when 日期: Childhood

If you are currently sexually active, is your relationship mutually monogamous 如果您有性伴侣, 是否双方都只有和对方发生性关系?  Yes 有  No 没有

Have you ever been treated for syphilis or gonorrhea 您曾得过梅毒或是淋病吗?  Yes 有  No 没有  
 If yes, please explain 如果有, 请解释:

Have you or any of your partners had the following diseases 您或是任何您的伴侣曾经得过以下病症吗?  Yes 是  No 否

Non-specific Urethritis 尿道炎  Yes 是  No 否  
 Myself 自己  Partner 性伴侣 when 日期:                     

Chlamydia 依原体性病  Yes 是  No 否  
 Myself 自己  Partner 性伴侣 when 日期:                     

Venereal Warts 花柳病  Yes 是  No 否  
 Myself 自己  Partner 性伴侣 when 日期:                     

Herpes 疱疹  Yes 是  No 否  
 Myself 自己  Partner 性伴侣 when 日期:                     

Other STD 其他性病  Yes 是  No 否  
 Myself 自己  Partner 性伴侣 when 日期:                     

EXERCISE INFORMATION 运动情形

How much exercise do you get 您平时的运动量如何?  Regular 正常  Occasional 偶尔  None 没有

What type of exercise 哪种运动?

Muscle/endurance training

(中文)

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**MEDICAL HISTORY 疾病历史**

Do you have or have ever had 您有或是曾有过下列病症:

	Yes 有 No 没有		Yes 有 No 没有
Cancer 癌症	No	Asthma 气喘	No
Diabetes 糖尿病	No	Pneumonia 肺炎	No
Hypertension 高血压	No	Bronchitis 支气管炎	No
High cholesterol 胆固醇过高	No	Tuberculosis 肺结核	No
Heart disease 心血管疾病	No	Hepatitis/Liver disorder 肝炎/肝脏疾病	No
Scarlet fever 猩红热	No	Ulcers 溃疡	No
Mitral valve prolapse 二尖瓣脱垂	No	Colitis/Enteritis 结肠炎/肠炎	No
Heart murmur 心脏杂音	No	Kidney disorder 肾脏疾病	No
Psychiatric disorder 心理精神疾病	No	Rubella 德国麻疹	No
Seizures 癫痫	No	Measles 麻疹	No
Stroke 中风	No	Mumps 腮腺炎	No
Blood clots in legs/lungs/heart 腿/胸/心脏血块	No	Chicken pox 水痘	No
Bleeding disorder 流血疾病	No	Mononucleosis 感染性单核血球病	No
Anemia 贫血	No	Serious injury/accident 重大伤害/意外	No
Thyroid disorder 甲状腺疾病	No	Blood transfusion 输血	No
Recent immunization 近期内的疫苗	No	Anesthetic complication 麻醉并发症	No

If you answered yes to any of the above, please explain 如果您有以上任何一个病症,请解释:

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	Yes 有 No 没有		Yes 有 No 没有
Wear glasses 戴眼镜	Yes	Prolonged bleeding 流血不易停止	No
Wear contact lenses 戴隐形眼镜	Yes	Bleeding from gums 牙龈出血	No
Double vision 双重视力	No	Nose bleeds 流鼻血	No
Blind spots 盲点	No	Take aspirin/ibuprofen frequently 时常使用 aspirin/ibuprofen	No
Unable to smell 嗅觉障碍	No	Breast discharge 胸部流出液体	No
Sinus problems 鼻腔问题	No	Breast mass 胸部硬块	No
Hayfever 花粉症	No	Fibrocystic changes 乳线变化	No
Ringing in ears 耳鸣	No	Breast implants 隆乳	No
Hearing loss 听力衰退	No	Mammogram 乳房x光	No
Denture/bridge 假牙	No	Do monthly breast self exam 每月自己实行乳房检查	Yes
Chest pain 胸痛	No	Excessive hair growth 过多毛发发生	No
Irregular heartbeats 心律不整	No	Acne 面疱	No
Fainting spells 头晕	No	Skin disorder 皮肤病	No
Leg swelling 腿肿	No	Rash 起疹子	No
Calf pain 小腿痛	No	Hives 荨麻疹	No
Varicose veins 静脉曲张	No	Skin cancer 皮肤癌	No
Cough 咳嗽	No	Abdominal pain 腹部疼痛	No
Shortness of breath 呼吸急促	No	Nausea and vomiting 头晕和呕吐	No
Wheezing 气喘声	No	Vomiting blood 吐血	No
Cough up blood 咳血	No	Ulcer 溃疡	No
Chest x-ray 胸腔 x 光	No	Food intolerance 无法吃东西	Yes
TB skin test 结核病筛检	Yes	Gallstones 胆结石	No
Bladder infections 膀胱感染	No	Jaundice/Hepatitis 黄胆/肝炎	中文) No

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Bladder infections 膀胱感染	No	Jaundice/Hepatitis 黄胆/肝炎	No
Kidney infection 肾脏感染	No	Chronic constipation 长期便秘	No
Painful urination 泌尿疼痛	No	Diarrhea 腹泻	No
Urgent/frequent urination 膀胱无力	No	Blood in bowel movement 血便	No
Blood/abnormal color of urine	No	Colitis/Enteritis 结肠炎/肠炎	No
Blood/abnormal color of urine 血尿/ 异常尿液颜色	No	Hernia 疝气	No
Unable to control urination 无法控制 泌尿	No	Hemorrhoids 痔疮	No
Abnormal urinary tract 不正常泌尿	No	Abnormal liver function tests 不正常肝脏功 能	No
Kidney x-ray 肾脏 x 光	No	Bowel x-ray 肠子x光	No
Bladder cystoscopy 膀胱检查	No	Nerve/head injury 神经/头部受伤	No
Anemia 贫血	No	Sensation loss/numbness 感觉消失/麻木感	No
Easy bruising 容易淤血	No	Muscle control/weakness 肌肉衰退	No
Bowel endoscopy 肠子内视镜	No	Back pain 背痛	No
Heat or cold intolerance 无法忍受冷 或热	No	Enlarged thyroid 甲状腺肿大	No
Arthritis 关节炎	No	Abnormal thyroid function 不正常甲状腺功 能	No
Disc disease 脊椎疾病	No	Recent stress increase 近期压力增加	No
Recent weight change 近期体重改变	No	Recent anxiety increase 近期焦虑增加	No
Counseling 心理医生	No	Extraordinary fatigue 特别容易累	No
Psychiatric treatment 精神病治疗	No	Unusual hair loss 不正常毛发脱落	No
Damp skin 皮肤潮湿	No		

Headaches 头痛:  Yes 有  No 没有

If yes, number per week 如果有, 一星期几次: \_\_\_\_\_ Medication used 所使用的药物: \_\_\_\_\_

Mild 轻微  Moderate 中等  Severe 严重

Stress related 压力造成

Migraine 偏头痛  Improving 好转  Worsening 恶化  No change 无变化

With visual changes 视力随着改变

With vomiting 伴随着呕吐

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**FAMILY HISTORY 家庭历史**

Have you or has anyone in your family had 您或是您的家人是否有以下症状☒：

	Yes 有 No 没有		Yes 有 No 没有
Neutral tube defects/Spina Bifida/ Anencephaly 脊柱裂 / 先天无脑无脊髓 畸形	No	Cystic fibrosis 囊胞性纤维症	No
Thalassemia 地中海贫血	No	Huntington chorea 杭丁顿氏舞蹈症	No
Down syndrome 唐氏症	No	Mental retardation/Fragile X 智力障碍	No
Autism 孤独症	No	Chromosomal disorder 染色体不正常	No
Canavans	No	Congenital heart defect/先天性心脏缺陷	No
Gauchers	No	Baby with birth defects 先天性缺陷的婴儿	No
Sickle cell disorder or trait 镰行血球病	No	Hemophilia 血友病	No
Alzheimer's disease 老年痴呆症	No	Cerebral palsy 大脑性麻痹	No
Tay-Sach's disease	No	Cleft palate/lip 颚劣	No
Club foot 畸形足	No	Deafness 听力障碍	No
Parkinson's disease 帕金森氏症	No	Multiple sclerosis 多发性硬化	No
Cancer 癌症	No	Diabetes 糖尿病	No
Hypertension 高血压	No	High cholesterol 高胆固醇	No
Heart disease 心脏疾病	No	Stroke 中风	No
Other 其他	No		

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FATHER 父亲

Current age 现在年龄: 54

Ethnic ancestry 种族血统: Vietnamese

Heights 身高: 5 feet 9 inches

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Black

Hair texture 发质: Straight

Complexion 皮肤: Medium

Level of education 教育程度: High School

Occupation 职业: Entrepreneur

Special skills, talents, or interests 特殊的才艺、技能和兴趣: N/A

Personality traits 个性: Smart, nice, strict, funny, loyal

General health 健康状况: good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
N/A

MOTHER 母亲

Current age 现在年龄: 46

Ethnic ancestry 种族血统: Vietnamese / Caucasian

Heights 身高: 5 feet 10 inches

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Brown

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: High School

Occupation 职业: House wife

Special skills, talents, or interests 特殊的才艺、技能和兴趣: N/A

Personality traits 个性: Nice, funny, caring, generous

General health 健康状况: good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
N/A

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MATERNAL GRANDFATHER 外祖父

Current age 现在年龄: NA

Ethnic ancestry 种族血统: Caucasian/Irish

Heights 身高: 6 feet

Eye color 眼睛颜色: blue

Natural hair color 自然发色: Brown

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: High School

Occupation 职业: Military

Special skills, talents, or interests 特殊的才艺、技能和兴趣: NA

Personality traits 个性: NA

General health 健康状况: NA

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):

NA

MATERNAL GRANDMOTHER 外祖母

Current age 现在年龄: 75

Ethnic ancestry 种族血统: Vietnamese

Heights 身高: 5 feet 5 inches

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Dark brown

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: NA

Occupation 职业: Retired

Special skills, talents, or interests 特殊的才艺、技能和兴趣: Sewing, languages, piano

Personality traits 个性: kind, loyal, strict, considerate, loving

General health 健康状况: good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):

NA

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PATERNAL GRANDFATHER 祖父

Current age 现在年龄: N/A

Ethnic ancestry 种族血统: Vietnamese

Heights 身高: 5 feet 9 inches

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Black

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: NA

Occupation 职业: Farmer

Special skills, talents, or interests 特殊的才艺、技能和兴趣: Kind, funny, strict

Personality traits 个性: N/A ↗

General health 健康状况: Good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
90, old age

PATERNAL GRANDMOTHER 祖母

Current age 现在年龄: 91

Ethnic ancestry 种族血统: Vietnamese

Heights 身高: 4 feet 10 inches

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Black

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: NA

Occupation 职业: Housewife

Special skills, talents, or interests 特殊的才艺、技能和兴趣: NA

Personality traits 个性: Kind, considerate, funny, loyal, strict, independent

General health 健康状况: good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
N/A

(中文)



SIBLING 兄弟姊妹

Sister 姊妹  Brother 兄弟

Current age 现在年龄: 17

Ethnic ancestry 种族血统: Vietnamese / Caucasian

Heights 身高: 6 feet 1 inch

Eye color 眼睛颜色: Brown

Natural hair color 自然发色: Dark Brown

Hair texture 发质: Straight

Complexion 皮肤: Light

Level of education 教育程度: High School

Occupation 职业: Student

Special skills, talents, or interests 特殊的才艺、技能和兴趣: Plays piano, trumpet, and percussion

Personality traits 个性: Smart, funny, kind, loyal, considerate

General health 健康状况: good

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
N/A

SIBLING 兄弟姊妹

Sister 姊妹  Brother 兄弟

Current age 现在年龄: \_\_\_\_\_

Ethnic ancestry 种族血统: \_\_\_\_\_

Heights 身高: \_\_\_\_\_

Eye color 眼睛颜色: \_\_\_\_\_

Natural hair color 自然发色: \_\_\_\_\_

Hair texture 发质: \_\_\_\_\_

Complexion 皮肤: \_\_\_\_\_

Level of education 教育程度: \_\_\_\_\_

Occupation 职业: \_\_\_\_\_

Special skills, talents, or interests 特殊的才艺、技能和兴趣: \_\_\_\_\_

Personality traits 个性: \_\_\_\_\_

General health 健康状况: \_\_\_\_\_

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
 \_\_\_\_\_

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SIBLING 兄弟姊妹

Sister 姊妹  Brother 兄弟

Current age 现在年龄: \_\_\_\_\_

Ethnic ancestry 种族血统: \_\_\_\_\_

Heights 身高: \_\_\_\_\_

Eye color 眼睛颜色: \_\_\_\_\_

Natural hair color 自然发色: \_\_\_\_\_

Hair texture 发质: \_\_\_\_\_

Complexion 皮肤: \_\_\_\_\_

Level of education 教育程度: \_\_\_\_\_

Occupation 职业: \_\_\_\_\_

Special skills, talents, or interests 特殊的才艺、技能和兴趣: \_\_\_\_\_

Personality traits 个性: \_\_\_\_\_

General health 健康状况: \_\_\_\_\_

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
 \_\_\_\_\_

SIBLING 兄弟姊妹

Sister 姊妹  Brother 兄弟

Current age 现在年龄: \_\_\_\_\_

Ethnic ancestry 种族血统: \_\_\_\_\_

Heights 身高: \_\_\_\_\_

Eye color 眼睛颜色: \_\_\_\_\_

Natural hair color 自然发色: \_\_\_\_\_

Hair texture 发质: \_\_\_\_\_

Complexion 皮肤: \_\_\_\_\_

Level of education 教育程度: \_\_\_\_\_

Occupation 职业: \_\_\_\_\_

Special skills, talents, or interests 特殊的才艺、技能和兴趣: \_\_\_\_\_

Personality traits 个性: \_\_\_\_\_

General health 健康状况: \_\_\_\_\_

Age at death and cause of death (if applicable) 过世的年龄和原因 (如果已过世):  
 \_\_\_\_\_

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CONFIDENTIAL 保密资料

The following information will be kept confidential 以下资料并不对外公开。

Are you able to comply with the following requirements 您可以遵守以下的要求吗?

Egg donors and their partners are required to have infectious disease screening tests at the expense of the prospective parents 捐卵人员及其伴侣需要  
要经过传染病检查, 费用将由受卵人员支付。

Yes 是  No 否

Notes: \_\_\_\_\_

Egg donors must abstain from sexual activity while undergoing the egg donation cycle unless they have had a Tubal Ligation or their partner has  
had a vasectomy 捐卵人员在捐卵过程期间必须停止性生活 (除非有结扎)。

Yes 是  No 否

Notes: \_\_\_\_\_

Egg donors are required to attend approximately 8 to 10 appointments throughout the donation cycle 捐卵人员必须要参与8到10次的门诊。

Yes 是  No 否

Notes: \_\_\_\_\_

Egg donors are required to take self-administered injections for approximately three weeks 捐卵人员有三个星期的时间必需要自行注射所需药  
物。

Yes 是  No 否

Notes: \_\_\_\_\_

Egg donors are required to undergo a procedure under sedation to remove the eggs from their ovaries 捐卵人员在取卵时必需  
经过麻醉及手术的项目。

Yes 是  No 否

Notes: \_\_\_\_\_

Egg donors are required to have reliable transportation for appointments 捐卵人员必需要有可靠的交通运输工具。

Yes 是  No 否

Notes: Taxi

Egg donors are required to have a driver on the day of the egg retrieval 捐卵人员在取卵当天必需要由别人接送。

Yes 是  No 否

Notes: Taxi

No legal fees, psychological testing fees, medical testing fees or medical procedure fees will be charged to the applicant or her  
partner. However, any expenses incurred (mileage, baby-sitting, etc) while applying to the program and throughout the egg  
donation process are the responsibilities of the egg donor.

捐卵人员不需要为律师、心理评估、医疗检查及步骤付费, 但是其它支出 (包括交通、保姆等) 必须由捐卵人员自行负  
责。

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I consent to being notified of any medical information discovered about me during the egg donation process.  
我同意被告知在捐卵过程中所发现的医疗信息

I AUTHORIZE THE RELEASE OF ANY NON-FICTIONAL INFORMATION AND PHOTOGRAPHIC MATERIAL  
ENCLOSED IN THIS APPLICATION.  
我允许部分数据和照片被使用(不包括姓名)

I CERTIFY THAT ALL THE INFORMATION PROVIDED IS COMPLETE AND TRUE TO THE BEST OF MY  
KNOWLEDGE.  
我确认以上所有数据是完整而且正确的

Name of the egg donor applicant (print)  
捐卵申请人员姓名(正楷)

Linda Nguyen

Signature 签名

Linda Nguyen

(中文)

Date 日期

14-05-2014

Witness (print) 见证人(正楷)

Signature 签名

(中文)

Date 日期

(中文)

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