

Donor Code: Q001C		
<p>Maximum permitted storage period: Donor Q001C will reach the maximum storage period on 5/11/2031. Following this date if you still have sperm in storage that you wish to use in treatment it may be possible to apply for a storage extension. Please speak with your donor coordinator.</p>		
<p>Donor available for reservation in QLD 10 family allocations</p>		
<p>Blood type: A +</p>		
<p>Cytomegalovirus (CMV) Status: Positive</p>		
<p>As this sperm donor is CMV Positive the person/s planning to carry may require additional documentation in the form of a Risk Acknowledgement form to proceed with this donor. Please refer to your CMV Fact Sheet or your IVF Specialist if you have questions around your own CMV status.</p>		
<p>Additional testing requirements:</p>		
<p>This donor has undertaken genetic screening for Expanded carrier screening (ECS) listed in the summary table and has been found to be a carrier of the below listed condition/gene:</p> <ul style="list-style-type: none"> • Primary carnitine deficiency <p>To proceed with this donor, further screening is required for the person/s eggs being used in conjunction with this sperm donor.</p>		
<p>Monash IVF Fertility Specialist and Genetics Comments</p>		
<p> </p>		
<p>Current Screening Guidelines as of 2023</p>		
Test name	Initial screening	Quarantine screening
HIV 1 & 2 Antibodies	✓	✓
Hepatitis B Surface Antigen	✓	✓
Hepatitis B Core Antibody	✓	✓
Hepatitis C Core Antibody	✓	✓
HCV RNA PCR	<i>Not Required</i>	✓
Syphilis	✓	✓
CMV Antibodies (IgG/IgM)	✓	✓
HTLV I&II	✓	✓
Chlamydia urine PCR	✓	✓
Gonorrhoea urine PCR	✓	✓
Mycoplasma Genitalium urine PCR	✓	✓
Full Blood Examination + Film review	✓	<i>Not Required</i>
Blood Group	✓	<i>Not Required</i>
Banded Karyotype	✓	<i>Not Required</i>
Haemoglobin Electrophoresis	✓	<i>Not Required</i>
Cystic Fibrosis Screen	✓	<i>Not Required</i>
Spinal Muscular Atrophy Screen	✓	<i>Not Required</i>
Extended Genetic Carrier Screening	X	<i>Not Required</i>

Donor Information Questionnaire – Sperm Donor Non-Identifying Information

In accordance with current regulations, legislation and Monash IVF Policy, the following non-identifying information for all donors must be provided to Monash IVF. This information will be made available to:

- recipient(s) of your donation
- children born as a result of your donation
- recorded on the State and/or Clinic Registers if a pregnancy and/or birth are achieved by the recipient(s).

Please advise your Donor Co-Ordinator if any information you have included on this form changes, including any medical or genetic information you are made aware of after the donation has been completed.

Please complete the following information, if you require more space for your answers please add another page to the end of this document. Please ensure you do not include any identifying information about yourself or any members of your family in this document. This document is a fillable PDF.

Please ensure you include your donor code on the top of each page of this questionnaire

Current Relationship Status

Single
 Married
 De Facto
 Divorced
 Widowed

Place of Birth

State	Country
Tamil Nadu	India

Ethnicity

Indian

Occupation

IT Professional

Religion (if any)

Hinduism

Blood Group

O+
 O-
 A+
 A-
 B+
 B-
 AB+
 AB-

Educational Background

Education Level	Certificates Attained/Highest Year Level Completed
<input type="checkbox"/> Secondary	
<input type="checkbox"/> Tafe/Vocational Training	
<input checked="" type="checkbox"/> Tertiary	Bachelor of Engineering

Sperm Donor Non-Identifying Information

Do you have your own children? N/A

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

Physical Characteristics

Height (cm)	Weight (kg)
172	70

- Build** Slim Medium Solid Large
Complexion Fair Freckled Medium Olive Dark Brown
Eye Colour Blue Green Hazel Grey Brown
Natural Hair Colour Black Blonde Red Light Brown Dark Brown
Hair Texture Fine Medium Coarse Thick Curly
 Wavy Straight

Biological Parents Physical Characteristics

	Mother	Father
Height (cm)	150	178
Build	Slim	Slim
Complexion	Olive	Olive
Natural Hair Colour	Grey	Grey
Eye Colour	Brown	Brown

Biological Parents and Grandparents Country of Birth and Ethnicity

	Country	Ethnicity
Mother	India	Indian
Father	India	Indian
Maternal Grandmother	India	Indian
Maternal Grandfather	India	Indian
Paternal Grandmother	India	Indian
Paternal Grandfather	India	Indian

Sperm Donor Non-Identifying Information

Do you have any personal or professional interests?
Photography
Travelling

Please describe your personality/temperament?
Calm
Organised
Competitive

Please describe your attitude/philosophy in life?
A day at a time

Please advise why you wish to donate your sperm
Altruistic reasons as I don't intend to have a family

If you need more space to write, please attach a separate sheet at the end of this form

Sperm Donor Non-Identifying Information

Medical and Genetic Health Information

Please describe your general health

Exercise regularly without any serious health issues

Do you smoke?

Yes

No

If yes, how many per day?

Do you drink alcohol?

Yes

No

If yes, how many per week?

Do you have any issues with your eyesight?

Yes

No

If yes, do you wear glasses?

Over the last couple of years (40+)

The following is a list of conditions that are known to be genetic or have a genetic contribution meaning that they could be inherited by a donor conceived child. If **you or any member of your family** has been diagnosed as being affected by one of these conditions or as being a carrier of one of these conditions, please tick yes. If a relative has been affected by the condition, describe the relationship of the person to yourself (i.e. grandparent, parent, sibling, aunt, uncle or cousin).

Auto Immune Disorders

	No	Yes - Self	Yes - Family Member (state relationship to you)
Lupus	✓		
Scleroderma	✓		
Sjogren's Syndrome	✓		

Neurological Disease

	No	Yes - Self	Yes - Family Member (state relationship to you)
ADD or ADHD	✓		
Autism Spectrum	✓		
Asperger's	✓		
Dyslexia	✓		
Migraines	✓		
Alzheimer's	✓		
Huntington's Chorea	✓		
Epilepsy	✓		
Cerebral Palsy	✓		
Creutzfeldt-Jakob Disease	✓		
Friedreich Ataxia	✓		
Multiple Sclerosis	✓		
Parkinson's Disease	✓		
Spina Bifida	✓		
Tourette Syndrome	✓		

Sperm Donor Non-Identifying Information

Neurological Disease			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Guillain Barre Syndrome	✓		
Fatal Familial Insomnia (FFI)	✓		
Gertsman-Straussler-Scheinker Syndrome (GSS)	✓		
Neurofibromatosis	✓		

Blood Disorders			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Haemochromatosis	✓		
Anaemia	✓		
Haemophilia	✓		
Sickle Cell Anaemia	✓		
Leukaemia	✓		
Thalassemia	✓		

Cardiovascular Disease			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Long QT Syndrome	✓		
Heart Disease	✓		
Cardiomyopathy	✓		
Heart Attack	✓		
Stroke	✓		
High Cholesterol	✓		

Kidney Disease			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Polycystic Kidney Disease	✓		
Born with one kidney	✓		
Urinary tract disorders	✓		

Cancer			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Breast	✓		
Lung	✓		
Skin	✓		
Bowel	✓		
Lymphoma	✓		
Melanoma	✓		
Tumour	✓		
Other	✓		

Sperm Donor Non-Identifying Information

Mental Health			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Depression	✓	—	—
Schizophrenia	✓		
Bi polar Disorder	✓		
Down Syndrome	✓		
Mental Retardation	✓		
Obsessive-Compulsive Disorder	✓		

Metabolic/Endocrine			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Tay-Sachs Disease	✓		
Diabetes (Insulin Dependent)	✓		
Diabetes (Non-Insulin)	✓		
Thyroid Disease	✓		
PKU	✓		
Goitre	✓		
Hypoglycaemia	✓		

Muscular/Bones/Joints			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Muscular Dystrophy	✓		
Marfan Syndrome	✓		
Spinal Muscular Atrophy (SMA)	✓		
Arthritis	✓		
Rheumatoid Arthritis	✓		
Osteoarthritis	✓		
Scoliosis	✓		
Achondroplasia (Dwarfism)	✓		
Osteoporosis	✓		

Congenital Malformations			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Cleft Lip	✓		
Cleft Palate	✓		
Club Foot	✓		
Hypospadias	✓		
Undescended Testicles	✓		
Polydactyly	✓		

Sperm Donor Non-Identifying Information

Gastrointestinal Disease			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Chron's Disease	✓		
Ulcers	✓		
Diverticulitis	✓		
Ulcerative Colitis	✓		

Skin			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Psoriasis	✓		
Eczema	✓		
Albinism	✓		
Vitiligo (pigmentation disorder)	✓		

Respiratory Disease			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Cystic Fibrosis	✓		
Bronchiectasis	✓		
Asthma	✓		
Allergies (Food)	✓		
Allergies (Drug)	✓		
Allergies (Pet)	✓		
Allergies (Hay fever)	✓		

Sight/Sound			
	No	Yes - Self	Yes - Family Member (state relationship to you)
Colour Blindness	✓		
Cataracts (before age 55)	✓		
Glaucoma (before age 55)	✓		
Retinoblastoma	✓		
Macular Degeneration	✓		
Deafness (before age 55)	✓		