Monash IVF Group

Sperm Donor Profile Addendum

Donor Code: V211M

Legislation type: New

Following a major review of Victoria's assisted reproductive treatment laws, State Parliament last year passed the Victorian Assisted Reproductive Treatment Amendment Bill (2021).
This resulted in several legal changes which have now come into effect and are designed to provide better and fairer access to assisted reproductive treatment in Victoria.

- This donor has been counselled and consented to these changes and therefor falls under the new legislation. If you have received counselling after the 15th of August 2022 these changes should have been discussed with you, if prior we will arrange for you to receive top up counselling at no charge to use this donor under the new legislation.

Consent Expiry: 09/07/2033

Maximum permitted storage period: Donor V211M will reach the maximum storage period on 12/08/2033 Following the donor's consent and storage expiry, 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.

Vial Type: IUI	**On donation available:** Yes. Please speak with your donor coordinator to check that a family allocation is available.

Donor available for reservation in Vic

Blood type: O Rh(D) Positive

Cytomegalovirus (CMV) Status: Positive

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

Additional testing requirements:

This donor has undertaken genetic screening for Expanded carrier screening (ECS and has been found to be a carrier of the below listed condition/gene:

- beta thalassemia *HBB*
- Congenital hypothyroidism, DUOX2-related *DUOX2*
- Nonsyndromic hearing loss 1A *GJB2*

To proceed with this donor, further screening is required for the person/s eggs being used in conjunction with this sperm donor:

- Extended Carrier Screening (ECS)

Current Screening Guidelines as of 2023

Test name	Initial screening	Quarantine screening
HIV 1 & 2 Antibodies	✓	✓
Hepatitis B Surface Antigen	✓	✓
Hepatitis B Core Antibody	✓	✓
Hepatitis C Core Antibody	✓	✓
Hepatitis C RNA PCR	*not required*	✓
Syphilis	✓	✓
CMV Antibodies (IgG/IgM)	✓	✓
HTLV I&II	✓	✓
Chlamydia urine PCR	✓	✓
Gonorrhoea urine PCR	✓	✓
Mycoplasma Genitalium urine PCR	✓	✓
Full Blood Examination + Film review	✓	*not required*
Blood Group	✓	*not required*
Banded Karyotype	✓	*not required*
Haemoglobin Electrophoresis	✓	*not required*
Cystic Fibrosis Screen	✓	*not required*
Spinal Muscular Atrophy Screen	✓	*not required*

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Donor Profile

Donor Details			
Donor Code or RMU: V211M			Date Donor Profile Completed: 14/12/23
Donor Type:	☑ Clinic Recruited Donor		☐ Recipient Recruited/Known Donor
	☑ Sperm Donor	☐ Egg Donor	☐ Embryo Donor: ☐ Sperm Source / ☐ Egg Source *Note: Both donors must provide a declaration*

In accordance with Legislation, regulations and Monash IVF Policy, certain non-identifying donor information must be provided to Monash IVF before a donation can proceed. In line with your consent to donate your sperm, eggs or embryos, this information will be held by Monash IVF and will be provided to:

- potential or actual recipient(s) of your donation
- any children born as a result of your donation
- Government Donor Conception Registers and/or clinic held registers in the event a pregnancy or live birth results from your donation.

We ask that you please answer each question contained within this form. You may also choose to include other additional information for your profile. 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.

Donor Information		
Place of Birth	Town/State: Dhaka	Country: Bangladesh
Ethnicity: Bengal		Religion (if any): Islam
First Language: Bangla		Other Language/s (if any): English
Occupation: Aged care worker		

Current Relationship Status				
☑ Single	☐ Married	☐ De Facto	☐ Divorced	☐ Widowed

Blood Group							
☑ O+	☐ O-	☐ A+	☐ A-	☐ B+	☐ B-	☐ AB+	☐ AB-

Genetic Carrier Screening Status *(if known)*	Cytomegalovirus (CMV) Status *(if known)*
Carrier of 3 x conditions	Positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	
☐ Tafe/Vocational Training	
☑ Tertiary	Master in Business (MBA)

Do you have your own children? ▣ No ☐ Yes (please complete table below)

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

Physical Characteristics					
Height (cm)173			Weight (kg) 70		
Build	☑ Slim	☐ Athletic	☑ Medium	☐ Solid	☐ Large
Complexion	☐ Fair	☐ Freckled	☑ Medium	☐ Olive	☐ Dark Brown
Eye Colour	☐ Blue	☐ Green	☐ Hazel	☐ Grey	☑ Brown
Natural Hair Colour	☐ Blonde	☐ Red	☐ Light Brown	☐ Dark Brown	☑ Black
Hair Texture	☐ Fine	☐ Medium	☐ Coarse	☐ Thick	
	☐ Wavy	☑ Straight	☐ Curly		

Biological Parents Physical Characteristics					
	Height (cm)	Build	Complexion	Natural Hair Colour	Eye Colour
Mother	163	Medium	Brown	Black	Brown
Father	165	Medium	Dark	Black	Brown

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	**Ethnicity**
Mother	Bangladesh	Asian/Indian
Father	Bangladesh	Asian/Indian
Maternal Grandmother	Bangladesh	Asian/Indian
Maternal Grandfather	Bangladesh	Asian/Indian
Paternal Grandmother	Unknown	Unknown
Paternal Grandfather	Unknown	Unknown

Do you have any personal or professional interests?
Like playing sports, watching movie and eating food.

Please describe your personality/temperament.
My personality is simple and temperament is chilled and calm most of the time.

Please describe your attitude/philosophy in life.
Do good, harm no one and god gives you wisdom and respect in the world.

What do you think makes you unique?
Being born as human being.

How would you describe your childhood? And what value were you taught?
My childhood is mostly in school with my close friend and watching and playing sports during my holiday.

Who were the most influential people in your upbringing? And what were they like?
In movie in Sharuk Khan, In sports Imran Khan and leader Reccep tayyip Erdogan.

Please explain why you wish to become a donor.
I want to have children but not willing to get married to someone because I have some other goals to achieve.

Do you have a message for a child conceived from your donation?
Ash-hadu an la ilaha illa Allah, Wa ash-hadu anna Muhammadan Rasulu-Allah. If child is willing to accept.

To be completed by Monash I
VF Donor Code: V211M

Donor Details			
Date Donor Profile Completed:			
Donor Type:	☒ Sperm Donor	☐ Egg Donor	☐ Embryo Donor: ☐ Sperm Source / ☐ Egg Source *Note: Both donors must provide a declaration*

Please describe your general health:
I am fully fit and rarely have I used any medicine or antibodies in my life.

Health Questions
Do you smoke? No
Do you drink alcohol? No
Do you or have you engaged in any recreational drug use? No
Do you exercise/engage in physical activity? Occasionally
Do you have issues with your eyesight? No Do you wear glasses? No
Do you have issues with your hearing? No Do you wear hearing aids? No
Have you had a fever and/or illness within the last three months? No
Have you travelled out of Australia in the last six months? No
Have you or any member of your extended family had consultations at a genetic clinic? No
Have you or any member of your extended family been diagnosed with a genetic condition? No

Have any members of your extended family died suddenly at an early age? No

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Donor Medical and Genetic Questionnaire
Donor Non-Identifying Information

Please ensure you do not include any identifying information about yourself or any members of your family in the following pages of this document.

Some of the listed conditions below 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 and add the age of onset. 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). If you would like to provide further information about any condition(s) you indicate as yes, please add this information in the box at the end of this document.

Auto Immune Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Lupus	☐ No	☐		☐		
Multiple Sclerosis	☐ No	☐		☐		
Scleroderma	☐ No	☐		☐		
Arthritis	☐ No	☐		☐		
Rheumatoid Arthritis	☐ NO	☐		☐		
Osteoarthritis	☐ NO	☐		☐		
Osteoporosis	☐ NO	☐		☐		
Sjogren's Syndrome	☐ NO	☐		☐		

Kidney Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Polycystic Kidney Disease	No☐	☐		☐		
Born with one kidney	☐No	☐		☐		
Urinary tract disorders	☐ No	☐		☐		

Neurological Conditions						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Attention-Deficit Hyperactivity Disorder	☐No	☐		☐		
Autism Spectrum Disorder	☐ No	☐		☐		
Asperger's Syndrome	☐ No	☐		☐		
Chromosome Condition (e.g. Down syndrome)	☐No	☐		☐		
Dyslexia Disorder	☐ No	☐		☐		
Chronic Migraines	☐ No	☐		☐		
Alzheimer's Disease	☐ No	☐		☐		
Huntington's Disease	☐ No	☐		☐		
Epilepsy	☐ No	☐		☐		
Cerebral Palsy	☐ No	☐		☐		
Creutzfeldt-Jakob Disease	☐ No	☐		☐		
Friedreich Ataxia	☐ No	☐		☐		
Parkinson's Disease	☐ No	☐		☐		
Spina Bifida	☐ No	☐		☐		
Tourette Syndrome	☐ No	☐		☐		
Intellectual Disability	☐ No	☐		☐		
Neurofibromatosis	☐ No	☐		☐		
Spinal Muscular Atrophy	☐ No	☐		☐		
Other Neurological Conditions *If yes, please provide details*	☐ No	☐		☐		

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Cancer

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Breast	☐ No	☐		☐		
Lung	☐ No	☐		☐		
Skin	☐ No	☐		☐		
Bowel	☐ No	☐		☐		
Lymphoma	☐ No	☐		☐		
Leukaemia	☐ No	☐		☐		
Melanoma	☐ No	☐		☐		
Other cancer *If yes, please provide details*	☐ NO	☐		☐		

Blood Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Haemochromatosis	☐No	☐		☐		
Anaemia	☐ No	☐		☐		
Haemophilia	☐ No	☐		☐		
Sickle Cell Anaemia	☐ No	☐		☐		
Thalassemia	☐ No	☐		☐		

Skeletal Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Muscular Dystrophy	☐No	☐		☐		
Marfan Syndrome	☐ No	☐		☐		
Scoliosis	☐ No	☐		☐		
Skeletal Dysplasia (e.g. Achondroplasia)	☐ No	☐		☐		

Cardiovascular Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Arrhythmia condition (e.g. Long QT Syndrome)	☐ No	☐		☐		
Cardiomyopathy	☐ No	☐		☐		
Heart Attack	☐ No	☐		☐		

Stroke	☐ No	☐		☐		
High Cholesterol	☐ No	☐		☐		
Structural Heart Defect from Birth	☐ No	☐		☐		
Sudden Cardiac Death	☐ No	☐		☐		

Mental Health						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Clinical Depression	☐No	☐		☐		
Schizophrenia	☐ No	☐		☐		
Bipolar Disorder	☐ NO	☐		☐		
Obsessive-Compulsive Disorder (OCD)	☐ NO	☐		☐		

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Metabolic/Endocrine						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Tay-Sachs Disease	☐No	☐		☐		
Type 1 Diabetes	☐ No	☐		☐		
Type 2 Diabetes	☐ No	☐		☐		
Thyroid Disease	☐ No	☐		☐		
Genetic Metabolic Condition (e.g. Phenylketonuria -PKU)	☐ No	☐		☐		
Hypoglycaemia	☐ No	☐		☐		

Congenital Malformations						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**

Cleft Lip/Palate	☐ No	☐		☐		
Talipes/Club Foot	☐ No	☐		☐		
Hypospadias	☐ No	☐		☐		
Undescended Testicles	☐ No	☐		☐		
Polydactyly	☐ No	☐		☐		
Other congenital abnormalities *If yes, please provide further details*	☐ No	☐		☐		

Respiratory Conditions						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Cystic Fibrosis	☐No	☐		☐		
Asthma	☐ No	☐		☐		
Allergies (Food)	☐ No	☐		☐		
Allergies (Drug)	☐ No	☐		☐		
Allergies (Pet)	☐ No	☐		☐		
Allergies (Hay fever)	☐ NO	☐		☐		

Skin Conditions						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Psoriasis	☐No	☐		☐		
Eczema	☐ No	☐		☐		
Albinism	☐ NO	☐		☐		
Vitiligo (pigmentation disorder)	☐ No	☐		☐		

Sight/Sound Conditions						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Colour Blindness	☐No	☐		☐		
Cataracts	☐ No	☐		☐		
Glaucoma	☐ No	☐		☐		
Retinoblastoma	☐ No	☐		☐		
Macular Degeneration	☐ No	☐		☐		

Deafness	☐ No	☐		☐		

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Gastrointestinal Conditions

	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Crohn's Disease	☐No	☐		☐		
Ulcers	☐ No	☐		☐		
Diverticulitis	☐ No	☐		☐		
Ulcerative Colitis	☐ No	☐		☐		

If you have ticked yes to any of the above, please can you provide further information.

i.e. have you or your family ever had genetic testing performed? if so, were there any additional investigations?
No genetic test perform.

Monash IVF Fertility Specialist and Genetics Comments *(to be completed by Monash IVF if applicable)*