

Donor Code: LD1T		
Maximum permitted storage period: Donor LD1T will reach the maximum storage period on 21/01/2036 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.		
Vial Type: ICSI	On donation available: Yes	
Donor available for reservation in NSW (5 Family Allocations)		
Blood type: 0 +		
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: <ul style="list-style-type: none"> Argininosuccinic aciduria To proceed with this donor, further screening is required for the person/s eggs being used in conjunction with this sperm donor: <ul style="list-style-type: none"> Expanded carrier screening with comparable panel 		
Monash IVF Fertility Specialist and Genetics Comments		
Current Screening Guidelines		
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	<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>

Sperm Donor Profile

Facts and Figures

Age at time of donation: 45 Height: 180cm Weight: 92 KG Blood Group: O+

Personal Features

Eye Colour: Black Gray Green Brown Blue Hazel

Natural Hair Colour: Black Brown Light Brown Dark Brown Red Brown

Natural Hair Texture: Curly Wavy Straight

Hair: Balding Thinning Moderate Thick

Build: Light Average Muscular Heavy

Jaw Line: Oval Round Square Heart

Skin Characteristics: Very Fair Fair Medium Olive - Moderate
 Dark

Freckles: None Few Many

Dominant Hand: Left -handed Right-handed Ambidextrous

How would you rate your manual dexterity?

Excellent Good Average Other

Any details?: hand eye coordination developed from playing many sports and video games.

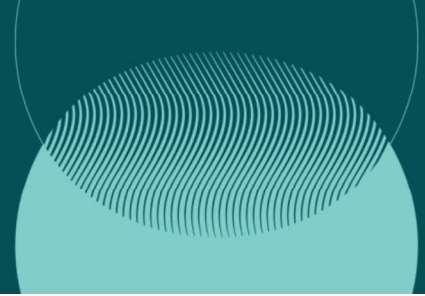
Any other distinguishing features (ie dimples, cleft palate, dominate nose etc)?: Third Nipple

Ethnic origin:

<input type="checkbox"/> Caucasian	<input checked="" type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern/Arabic	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> East Indian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Mixed/Multi Ethnic

Cultural Background: Bolivian

Religion: Catholic



Hobbies, Favourites and Skill

What are your hobbies?: Playing video games, gardening and working on cars.

What are your interests?: Video games, technology, dancing.

Would you describe yourself as being artistic? If so, please provide examples of your favourite things to create: average, never tried to be honest, technically minded, I can build things.

How would you describe your musical ability?: Cant sing but I can dance.

Do you enjoy reading?: Yes No

If so, what are your favourite novels / stories to read?:

What is your favourite sport?: Tennis

Would you class yourself as a sporty person? Have you ever excelled in any physical/sporting activity?: Yes No

If so, please elaborate?:

How often do you exercise or play sport?: Regularly Occasionally Rarely

If so, what type of exercise/sport?: Tennis, basketball, volleyball

How would you describe your current physical condition: Fit

What is your first language?: English

Do you have an interest in languages? Can you speak any other languages? Spanish

Hobbies, Favourites and Skill

How would you describe your temperament and personality?: Easy going, down to earth, witty and relaxed temperament.

My parents taught me to value: each other

How would you describe your childhood?: great considering growing up in a split family and brought up by my mother.

Your strengths are: Humorous, creative when cooking, energetic, optimistic, social, coaching

Your weaknesses are: competitive, perfectionist, take on too much responsibility

What makes you unique?: Ability to annoy people with my happiness (people close to me) can make light of situations.

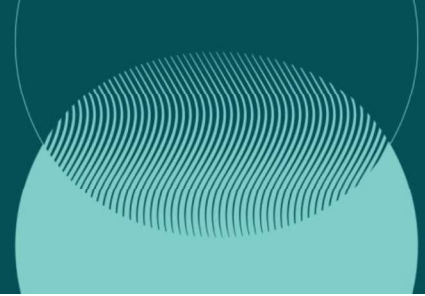
What are you most proud of and why?: My kids because even though I didn't bring them up 100% my traits can be seen within their love and respectfulness.

What is your favourite colour?: Blue

What are your favourite foods?: Saltenas

Do you like animals (if so, what is your favourite?) : Monkeys

Favourite place you have visited or would like to visit?: Italy and Mexico



Education and Occupational Background

Highest school level achieved?: Year 12

Do you have any tertiary qualifications?: Yes No

If yes, please list:

Special Achievements? E.g School Captain, sporting team, academic achievements:

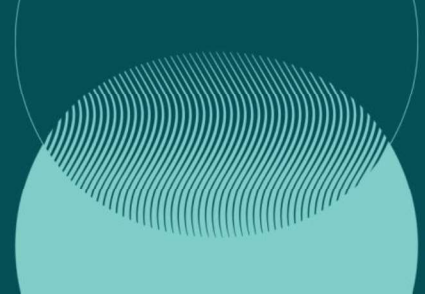
Favourite memory from school?:

What is your current/most recent occupation?: Compliance and certification supervisor

Do you enjoy your occupation?: Love my Job

Do you have any future work goals?: Compliance is where my interest is at, at this moment.

Previous Occupations/ Past work experience?



Personal Health History and Physical Qualities

Do you wear glasses or contact lenses?: Yes No Corrective Eye Surgery

Do you have any hearing impairments?: Yes No
If yes, please describe:

What is the condition of your teeth?: Good Fair Poor

Have you had braces?: Yes No

Your typical diet is: Good Fair Poor
Any dietary restrictions or food allergies? If so, please describe:

Have you had any surgeries?: Yes No
If yes, please describe: Back surgery from a work place accident

Have you been hospitalized in the past that hasn't been mentioned above?: Yes No

Do you have any chronic medical or mental health problems/conditions?: Yes No
If yes, please describe:

Do you have any allergies?: Yes No

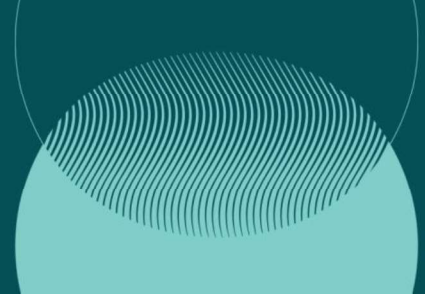
Do you smoke: Yes No **Number per day:**
If yes, how long have you been a regular smoker?:

Alcohol Intake (number of drinks per week): 1- 3 drinks

Do you take any prescribed medication?: Yes No **Details:**

Do you take any recreational drugs?: Yes No **Details:**

Have you ever been treated for drug or alcohol abuse: Yes No
If yes, please describe:



Family History

Your marital status: Single Married De Facto Divorced Widowed

Do you have any children?: Yes No

Are there any twins or triplets in your family?: Yes No

Has anyone in your family had difficulties in becoming pregnant?: Yes No

Photos

Family History

MOTHER OF DONOR

Year of birth or age: 1949 Country of birth: Bolivia Height: 150 cm Weight: 52- 60kg

Personal Features

Eye Colour:	<input type="checkbox"/> Black	<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel
Natural Hair Colour:	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Red Brown	<input type="checkbox"/> Grey
Natural Hair Texture:	<input type="checkbox"/> Curly	<input checked="" type="checkbox"/> Wavy	<input type="checkbox"/> Straight			
Hair:	<input type="checkbox"/> Balding	<input type="checkbox"/> Thinning	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Thick		
Build:	<input type="checkbox"/> Light	<input type="checkbox"/> Average	<input type="checkbox"/> Muscular	<input type="checkbox"/> Heavy		
Skin Characteristics:	<input type="checkbox"/> Very Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Medium	<input type="checkbox"/> Olive - Moderate	<input checked="" type="checkbox"/> Dark	
Dominant hand:	<input type="checkbox"/> Left- handed	<input type="checkbox"/> Right- handed	<input type="checkbox"/> Ambidextrous			
Do you wear glasses or contact lenses?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrective Eye Surgery			

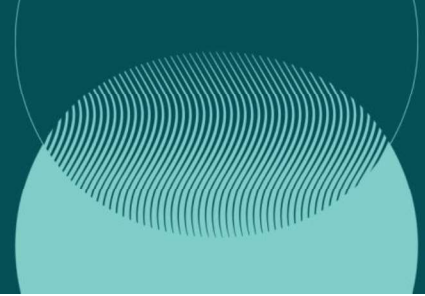
Any other distinguishing features (ie dimples, cleft palate, dominate nose etc) ? : Dimples

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	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern/Arabic	<input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> East Indian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Mixed/Multi Ethnic

Cultural Background: Spanish

Education?: **Occupation:** Retired, fabric technician

Health, if living: Excellent Good Fair Poor



Any medical diseases, allergies etc:

Age and cause of death if deceased:

What kind of person is/was she like: A non stressed happy women who aims to please everyone.

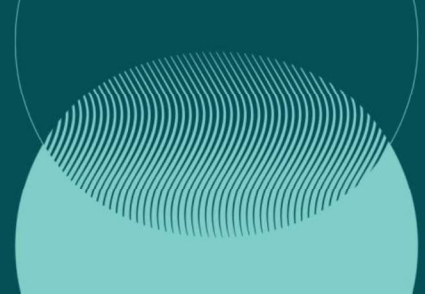
Family History

FATHER OF DONOR

Year of birth or age: 1944 Country of birth: Bolivia Height: 155cm Weight: 60-70kgs

Personal Features

Eye Colour:	<input type="checkbox"/> Black	<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel
Natural Hair Colour:	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Red Brown	
Natural Hair Texture:	<input type="checkbox"/> Curly	<input type="checkbox"/> Wavy	<input checked="" type="checkbox"/> Straight			
Hair:	<input type="checkbox"/> Balding	<input type="checkbox"/> Thinning	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Thick		
Build:	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Muscular	<input type="checkbox"/> Heavy		
Skin Characteristics:	<input type="checkbox"/> Very Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Medium	<input type="checkbox"/> Olive - Moderate	<input checked="" type="checkbox"/> Dark	
Dominant hand:	<input type="checkbox"/> Left- handed	<input checked="" type="checkbox"/> Right- handed	<input type="checkbox"/> Ambidextrous			
Do you wear glasses or contact lenses?:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrective Eye Surgery			



Any other distinguishing features (ie dimples, cleft palate, dominate nose etc) ? :

Ethnic origin:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern/Arabic	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> East Indian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Mixed/Multi Ethnic

Cultural Background: Spanish

Education?: **Occupation:** Retired, Jeweller

Health, if living: Excellent Good Fair Poor

Any medical diseases, allergies etc:

Age and cause of death if deceased:

What kind of person is/was he like: Kind and generous

Messages

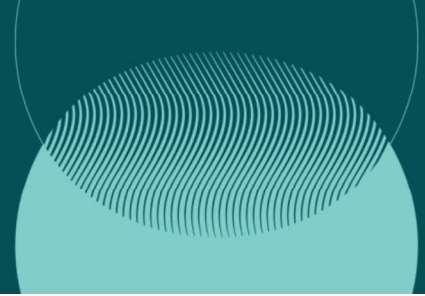
What are the reasons for wanting to donate through Monash IVF?:
To help families who are finding it difficult to fall pregnant.

Would you be willing to receive a letter of thanks from the recipient, if they so choose?:
Yes No

A message to the recipients: I hope it works out and enjoy lifes beautiful offering.

A message to the offspring: If you feel like you are being pulled toward videogames just let it happen, its in the blood sorry 😊.

Is there anything else you would like the recipients and offspring to know about you?:



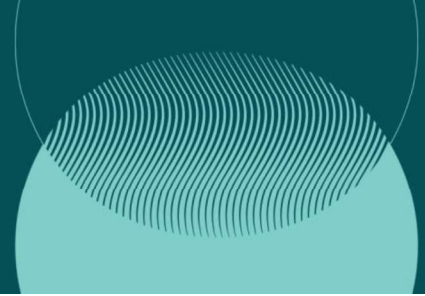
INHERITABLE DISEASES /TRAITS DECLARATION

I have indicated below, to the best of my knowledge, if I or any of my blood relatives have ever suffered from any of the following:

Medical problem / Disease / Trait	Self	Relative
ALKAORONURIA (urine disorder)		
ACHONDROPLASIA (Dwarfism)		
ALCOHOLISM		
ADD or ADHD		
AUTISM		
ASTHMA (breathing problems)		
ARTHRITIS (Osteoarthritis, Rheumatoid or Other)		
AUTOIMMUNE DISEASE (Lupus, Sjogren's, Scleroderma, Crest)		
CANCER/MALIGNANCY (please specify type of cancer if known)		Oldest Brother – Non Hodgkin Lymphoma
CARDIOVASCULAR DISEASE (e.g.: Heart Attack, Stroke)		
COLOUR BLINDNESS	Yes	Brothers
CYSTIC FIBROSIS (lung disease, thick mucus)		
SIDS (Sudden Infant Death Syndrome)		
DOWN SYNDROME / TRISOMY 21 (Other chromosomal anomalies)		
SYNDROME (Noonan, Bloom, Klinefelters, Turner, Marfan's, Lesch-Nyahans)		
DIABETES (sugar digestion troubles)		
EPILEPSY (fits)		
ECZEMA (skin problem)		
CREUTZFELDT-JACOB DISEASE (CJD, Mad Cow)		
FANCONI ANAEMIA		
FRAGILE X SYNDROME		
FATAL FAMILIAL INSOMNIA (FFI)		
GERTSMANN-STRAUSSLER-SCHEINKER SYNDROME (GSS)		
GLAUCOMA (eye disorder) / BLINDNESS		

DONOR PERSONAL AND FAMILY MEDICAL HISTORY / INHERITABLE DISEASES /TRAITS DECLARATION

Medical problem / Disease / Trait	Self	Relative
GOUT		
HAEMOPHILIA (blood disorder)		
HUNTINGTON's DISEASE (involuntary movements)		
INTESTINE/BOWEL (ulcer, ulcerative colitis, Crohns, Diverticulitis)		
MALFORMATIONS (Club foot, Hypospadias, congenital dislocation of the hip, cleft palate, hare lip)		
MUSCULAR DYSTROPHY		
ALZHEIMER'S		



LOU GEHRIG'S DISEASE		
MULTIPLE SCLEROSIS		
P.K.U (special diet needed to prevent mental retardation, phenylketonuria, or other inherited metabolic disorders)		
PARKINSON'S (shakes)		
PSYCHOLOGICAL CONDITION (Manic depressive, schizophrenia, bipolar, obsessive compulsive, OCD)		
RENAL/KIDNEY DISORDER (Kidney failure, transplant, polycystic)		
RESPIRATORY DISORDER		
RHEUMATOID ARTHRITIS		
SEVERE EYE DISORDERS (cataract, retinoblastoma, retinitis pigmentosa)		
SICKLE CELL TRAIT (blood disorder)		
SPINA BIFIDA		
TAY-SACHS DISEASE		
THALASSAEMIA (blood disorder)		
ANY ALLERGIES (e.g. hay fever, or from eating certain food/medication or after contact with certain materials, insects, etc)		Eldest sister Hayfever
Do you use (or have you used) recreational drugs?	Yes	
OTHER? (Please specify)		

Please provide any other relevant details for above e.g.: age of onset, treatment, etc:

All brothers including myself have red/green colourblindness

Eldest brother non hodgkins in his early 40's

Sister had hayfever most of her life.

Expanded Carrier Screening: ECS Positive. Donor LD1T is a carrier of Argininosuccinic aciduria. Gene: ASL Variant: c.35G>A (p.Arg12Gln) Inheritance: Autosomal recessive.

