Sperm Donor Profile Addendum

Donor Code: LD2G	
Maximum permitted storage period: Donor LD2G will reach the maximum storage period on 23/03/2036 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, for embryos. No, for vials.**
Donor available for reservation in: NSW (5 family allocations)	
Blood type: A+	
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: Yes	
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: • Carbamoyl phosphate synthetase I deficiency CPS1 • Spinal muscular atrophy SMN1 • WNT10A-related conditions WNT10A To proceed with this donor, further screening is required for the person/s eggs being used in conjunction with this sperm donor: • Genetic carrier screening with a comparable panel	
Monash IVF Fertility Specialist and Genetics Comments	

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: LD2G			Date Donor Profile Completed: 27/06/23
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: BOLZANO	Country: ITALY
Ethnicity: CAUCASIAN		Religion (if any): /
First Language: ITALIAN		Other Language/s (if any): ENGLISH
Occupation: MANAGER		

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)*
GCS Positive	CMV IgG positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	CERT III HOSPITALITY
☒ Tafe/Vocational Training	CERT III BUSINESS
☐ Tertiary	

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

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

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Donor Profile

Physical Characteristics					
Height (cm) 182			Weight (kg) 77		
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	180	MEDIUM	MEDIUM	BROWN	BROWN
Father	171	SOLID	MEDIUM	BROWN	BROWN

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	**Ethnicity**
Mother	ITALY	CAUCASIAN
Father	ITALY	CAUCASIAN
Maternal Grandmother		
Maternal Grandfather		
Paternal Grandmother		
Paternal Grandfather		

Do you have any personal or professional interests?

SPIRITUALITY, CRYPTO, SELF DEVELOPMENT, PSYCHOLOGY

Please describe your personality/temperament.

STOIC, CAUTIOUS, CALM

Please describe your attitude/philosophy in life.
KEEP CALM, FOCUS ON SOLUTION

What do you think makes you unique?
BLEND OF PHYSICAL, MENTAL & SPIRITUAL SKILLS AND GENETICS

How would you describe your childhood? And what value were you taught?
HAPPY AND ROUTINED. RELIGIOUS VALUES

Who were the most influential people in your upbringing? And what were they like?
MY PARENTS

Please explain why you wish to become a donor.
I'VE SEEN THE IMPACT OF IVF ON WOMEN

Do you have a message for a child conceived from your donation?
THE WORLD NEEDS AWAKEN WARRIORS, DON'T SPOIL THE KID, IT'LL GROW WEAK

Monash IVF Group

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.

To be completed by Monash IVF
Donor Code: LD2G

Donor Details			
Date Donor Profile Completed: 26/6/23			
Donor Type:	☒ Sperm Donor	☐ Egg Donor	☐ Embryo Donor: ☐ Sperm Source / ☐ Egg Source *Note: Both donors must provide a declaration*

Please describe your general health:
As healthy as I've ever been

Health Questions			
Do you smoke?	☒ No / ☐ Yes	per day	per week
Do you drink alcohol?	☒ No / ☐ Yes	per day	per week
Do you or have you engaged in any recreational drug use?	☒ No / ☐ Yes		
Do you exercise/engage in physical activity?	☐ No / ☐ Occasionally / ☒ Often		5 hrs per week
Do you have issues with your eyesight?	☒ No / ☐ Yes	Do you wear glasses?	☐ No / ☐ Yes
Do you have issues with your hearing?	☐ No / ☒ Yes	Do you wear hearing aids?	☒ No / ☐ Yes
Have you had a fever and/or illness within the last three months?	☒ No / ☐ Yes		
Have you travelled out of Australia in the last six months?	☒ No / ☐ Yes		
Have you or any member of your extended family had consultations at a genetic clinic? *Please provide further details if you answer **yes.*** THROUGH IVF			☐ No / ☒ Yes
Have you or any member of your extended family been diagnosed with a genetic condition? *Please provide further details if you answer **yes.***			☒ No / ☐ Yes
Have any members of your extended family died suddenly at an early age? *Please provide further details if you answer **yes.***			☒ No / ☐ Yes

Monash IVF Group

Donor Medical and Genetic Questionnaire
Donor Non-Identifying Information

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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	☑	☐		☐		
Multiple Sclerosis	☑	☐		☐		
Scleroderma	☑	☐		☐		
Arthritis	☑	☐		☐		
Rheumatoid Arthritis	☑	☐		☐		
Osteoarthritis	☑	☐		☐		
Osteoporosis	☑	☐		☐		
Sjogren's Syndrome	☑	☐		☐		

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

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

Monash IVF Group

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.

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

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

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

Cardiovascular Conditions						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Arrhythmia condition (e.g. Long QT Syndrome)	☒	☐		☐		
Cardiomyopathy	☒	☐		☐		
Heart Attack	☒	☐		☐		
Stroke	☒	☐		☐		
High Cholesterol	☒	☐		☐		
Structural Heart Defect from Birth	☒	☐		☐		
Sudden Cardiac Death	☒	☐		☐		

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

Monash IVF Group

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

Congenital Malformations						
	No	**Yes** *(self)*	**Age of onset**	**Yes** *(relation)*	**Age of Onset**	**Relation to you**
Cleft Lip/Palate	☑	☐		☐		
Talipes/Club Foot	☑	☐		☐		
Hypospadias	☑	☐		☐		
Undescended Testicles	☑	☐		☐		
Polydactyly	☑	☐		☐		
Other congenital abnormalities *If yes, please provide further details*	☑	☐		☐		

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

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

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

Monash IVF Group

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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.

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

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?

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