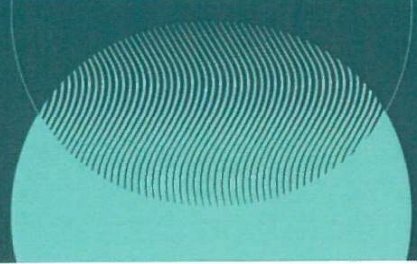


Donor Code: LD2M		
Maximum permitted storage period: Donor LD2M will reach the maximum storage period on 22/04/2036 Following this date if you still have sperm in storage that you wish to use in treatment it may be possible to apply for a storage extension. Please speak with your donor coordinator.		
Vial Type: ICSI	On donation available: Dependent upon available family allocations	
Donor available for reservation in: NSW – Maximum of 5 family allocations		
Blood type: B 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 Invitae Expanded Genetic Carrier Screening (283 Panel) and has been found to be a carrier of the below listed condition/gene: <ul style="list-style-type: none"> Biotinidase deficiency – BTD – c.1330G>C (p.Asp444His) – Autosomal recessive 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"> A comparative genetic panel including the above gene 		
Monash IVF Fertility Specialist and Genetics Comments		
Donor was 42 at the time of donation In order to proceed with this donor you will need to discuss the donors age in consultation with your fertility specialist.		
Current Screening Guidelines as of 2023		
Test name	Initial screening	Quarantine screening
HIV 1 & 2 Antibodies	✓	✓
Hepatitis B Surface Antigen	✓	✓
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: 42 Height: 179cm Weight: 110kg Blood Group: B Positive

Personal Features

ECS Positive - See Page 13

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 checked="" type="checkbox"/> Light Brown	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Red Brown	
Natural Hair Texture:	<input type="checkbox"/> Curly	<input checked="" type="checkbox"/> Wavy	<input type="checkbox"/> Straight			
Hair:	<input checked="" type="checkbox"/> Balding	<input type="checkbox"/> Thinning	<input type="checkbox"/> Moderate	<input type="checkbox"/> Thick		
Build:	<input type="checkbox"/> Light	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Muscular	<input type="checkbox"/> Heavy		
Jaw Line:	<input type="checkbox"/> Oval	<input checked="" type="checkbox"/> Round	<input type="checkbox"/> Square	<input type="checkbox"/> Heart		
Skin Characteristics:	<input type="checkbox"/> Very Fair	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Olive - Moderate		
	<input type="checkbox"/> Dark					
Freckles:	<input type="checkbox"/> None	<input type="checkbox"/> Few	<input type="checkbox"/> Many			

Dominant Hand: Left-handed Right-handed Ambidextrous

How would you rate your manual dexterity?

Excellent Good Average Other

Any details?:

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 checked="" 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:

Religion:

Hobbies, Favourites and Skill

What are your hobbies?: *films, gym, running*

What are your interests?:

Would you describe yourself as being artistic? If so, please provide examples of your favourite things to create: *no*

How would you describe your musical ability?: *no*

Do you enjoy reading?: Yes No

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

What is your favourite sport?: *soccer, weightlifting, wrestling*

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

If so, please elaborate?:

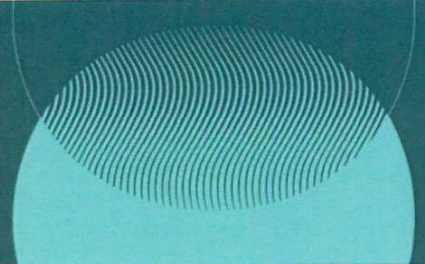
How often do you exercise or play sport?: Regularly Occasionally Rarely

If so, what type of exercise/sport?: *weightlifting*

How would you describe your current physical condition: *MUSCULAR*

What is your first language?: *Farsi*

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



Hobbies, Favourites and Skill

How would you describe your temperament and personality?:

My parents taught me to value:

How would you describe your childhood?:

Your strengths are:

Your weaknesses are:

What makes you unique?:

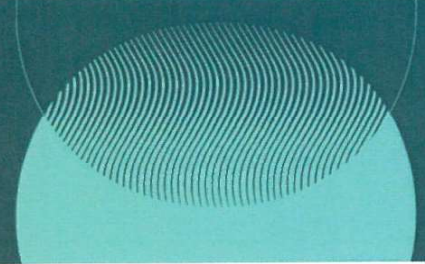
What are you most proud of and why?:

What is your favourite colour?: *blue*

What are your favourite foods?:

Do you like animals (if so, what is your favourite?): *Yes dogs and birds*

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



Education and Occupational Background

Highest school level achieved?: Bachelor's degree

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?:

Technical Lead

Do you enjoy your occupation?:

Do you have any future work goals?:

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: *no*

Have you had any surgeries?: Yes No
If yes, please describe:

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

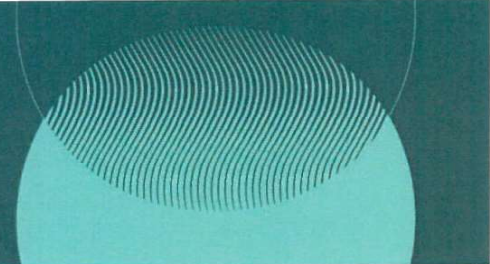
Do you smoke: Yes No Number per day:
If yes, how long have you been a regular smoker?:

Alcohol Intake (number of drinks per week): *once a week*

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

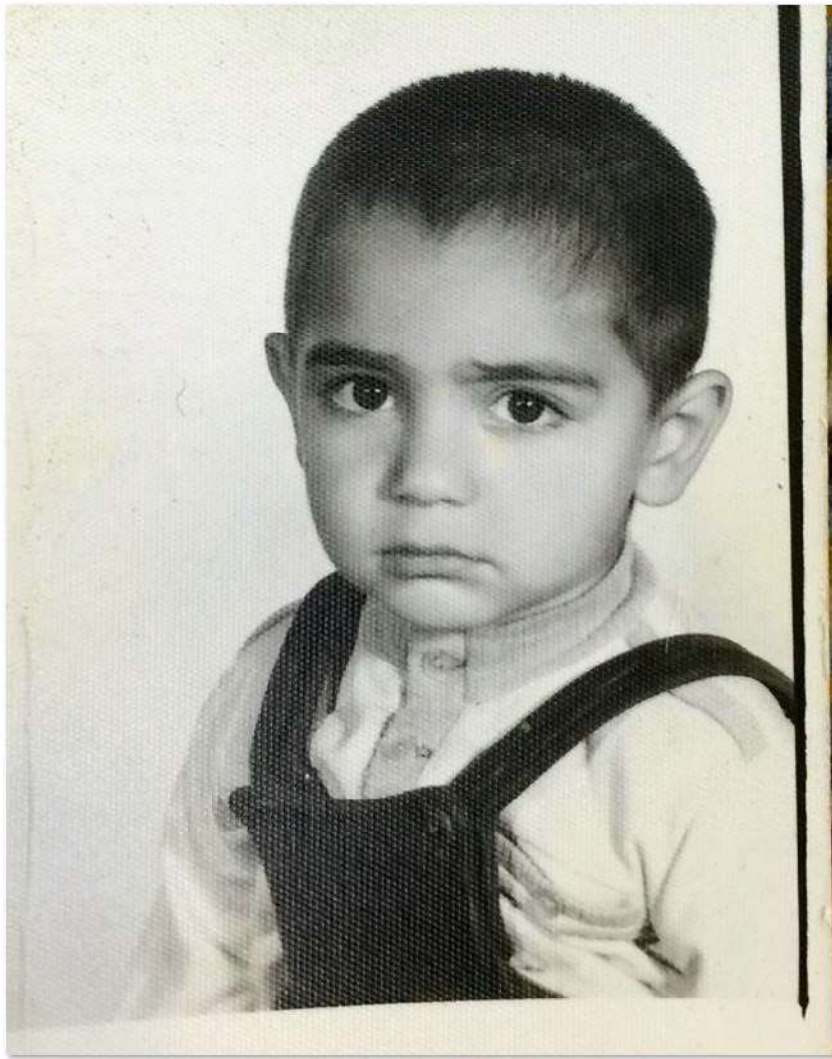
Your marital status: Single Married De Facto Divorced Widowed

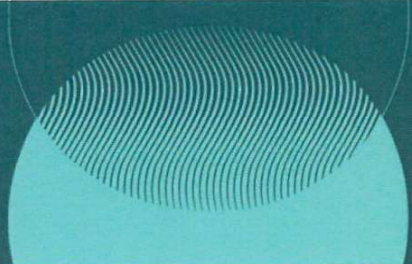
Do you have any children?: Yes No

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

IRAN

Year of birth or age:

Country of birth:

Height:

Weight:

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

Skin Characteristics: Very Fair Fair Medium Olive - Moderate
 Dark

Dominant hand: Left- handed Right- handed Ambidextrous

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

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

Ethnic origin:

Caucasian Hispanic/Latino Pacific Islander/Native Hawaiian

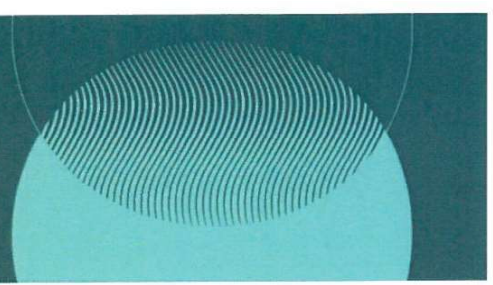
Asian Middle Eastern/Arabic American Indian/Alaska Native

East Indian Black/African American Mixed/Multi Ethnic

Cultural Background: IRANIAN

Education?: Diploma Occupation: Homemaker Y

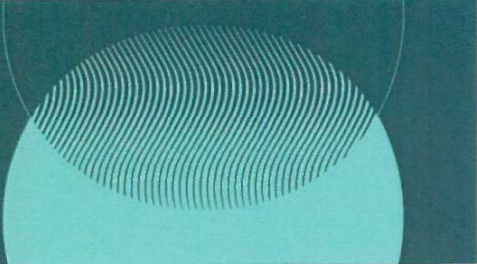
Health, if living: Excellent Good Fair Poor



Any medical diseases, allergies etc: *diabetes*

Age and cause of death if deceased:

What kind of person is/was she like:



Family History

FATHER OF DONOR

IRAN

Year of birth or age:

Country of birth:

Height:

Weight:

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

Skin Characteristics: Very Fair Fair Medium Olive - Moderate
 Dark

Dominant hand: Left- handed Right- handed Ambidextrous

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

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

Ethnic origin:

Caucasian Hispanic/Latino Pacific Islander/Native Hawaiian

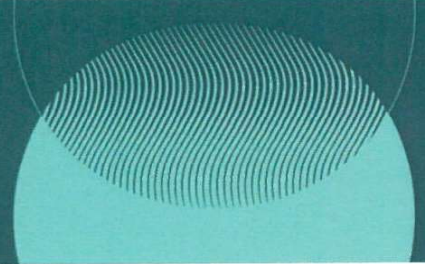
Asian Middle Eastern/Arabic American Indian/Alaska Native

East Indian Black/African American Mixed/Multi Ethnic

Cultural Background: IRANIAN

Education?: BS Occupation: Teacher

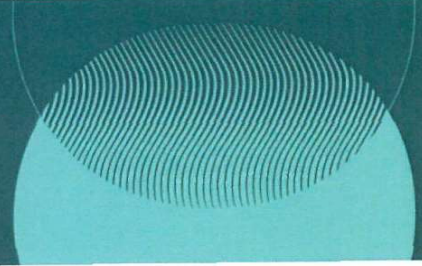
Health, if living: Excellent Good Fair Poor



Any medical diseases, allergies etc:

Age and cause of death if deceased:

What kind of person is/was he like:



Messages

What are the reasons for wanting to donate through Monash IVF?:

Would you be willing to receive a letter of thanks from the recipient, if they so choose?:

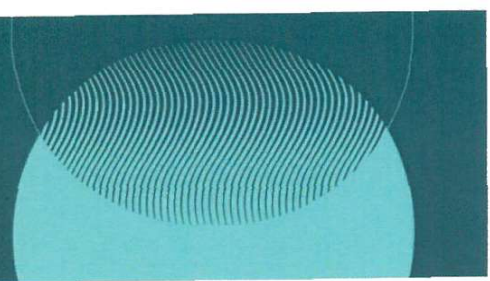
Yes No

A message to the recipients:

A message to the offspring:

be smart

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



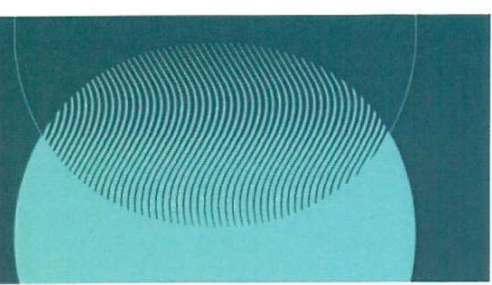
INHERITABLE DISEASES /TRAITS DECLARATION

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)		
CARDIOVASCULAR DISEASE (e.g.: Heart Attack, Stroke)		
COLOUR BLINDNESS		
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)		
Do you use (or have you used) recreational drugs?		
OTHER? (Please specify)		

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

**LD2M GCS Positive Carrier of:
Biotinidase deficiency BTDC c.1330G>C (p.Asp444His)**

CMV: IgG Detected