Monash IVF Group

Sperm Donor Profile Addendum

Donor Code: LD2Q

Maximum permitted storage period: Donor LD2Q will reach the maximum storage period on 08/10/2037 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:
Congenital adrenal hyperplasia due to

- Congenital adrenal hyperplasia 21-hydroxylase deficiency

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

- 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	*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*

Monash IVF Group

Donor Non-Identifying Information

Donor Details			
Donor Code: LD2Q		Date Completed: 23/02/2023	
Donor Type:	☑ Sperm Donor	☐ Egg Donor	☐ Embryo Donor: ☐ Sperm Source / ☐ Egg Source

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.

We ask that you please answer each question contained within this form. 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: Jaffna	Country: Srilanka
Ethnicity: Srilankan Tamil		Religion (if any): Non
First Language: Tamil		Other Language/s (if any): English
Occupation: Critical care Registrered Nurse		

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

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

Genetic Carrier Screening Status	Cytomegalovirus (CMV) Status
GCS Positive: See Medical History	CMV IgG - detected, CMV IgM - not detected

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	
☑ Tafe/Vocational Training	Cer 111 in health service. Cert 1V in aged care. Cert IV in teaching
☑ Tertiary	Bachelor of science in Nursing. Master of critical Care.

Do you have your own children? ☑ N/A

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

Physical Characteristics					
Height (cm)171			Weight (cm)79		
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	140	60	olive	black	brown
Father	155	76	olive	balck	brown

Biological Parents and Grandparents Country of Birth and Ethnicity

	Country	Ethnicity
Mother	Srilanka	srilanka
Father	Srilanka	Srilanka
Maternal Grandmother	Srilanka	Srilanka
Maternal Grandfather	Srilanka	Srilanka
Paternal Grandmother	Srilanka	Srilanka
Paternal Grandfather	Srilanka	Srilanka

Please describe your general health:

I am physically active. work fulltime in ICU in public hospital. I got to gym twice a week and love my 10km run once a week. I don't take any medical conditions or take any regular medications other than multivitamins.

Health Questions				
Do you smoke?	☑ No / ☐ Yes		per day	per week
Do you drink alcohol?	☑ No / ☐ Yes		per day	per week
Do you exercise/engage in physical activity?	☐ No / ☐ Occasionally / ☑ Often		2	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

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

Do you have any personal or professional interests?

I love anything outdoor (bush walk, hiking, beach etc). Gardening and outdoor work around the house is my passion. Love to catch up with my friends every now and then. I enjoy spending time with my siblings recently we have been travelling a lot together.

Please describe your personality/temperament.

I have been told by my mother, colleague and my siblings that I have a calm personality and I believe it. I believe I am easy going and very happy to have conversation with strangers.

Please describe your attitude/philosophy in life.

II have a positive can do attitude like my father and grandmother. I don ’ t usually postpone my task without proper excuse. I try my best in my life all the time.
Live and let others live and trying my best would be my philosophy in my life

What do you think makes you unique?

My friendly smile and sense of hummer (I have been told by my friends)

How would you describe your childhood? And what value were you taught?

I was born in a median class family where I had to earn to deserve everything. I was given good education and was supported by my immediate and extended family. I was taught from the beginning to respect others and to earn to deserve.

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

My Dad (who passed away in an accident). He was a great man and he was the warrior. I always look up on him. He had great can do attitude and he never gave up in every aspect.

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

Please explain why you wish to become a donor.
It ' s my personality that I always wanted to help someone. Especially in IVF situation, someone ' s happiness can ' t be achieved without others help. I have witnessed one of my friends go through IVF and realised how important kids are in some peoples life.

Do you have a message for a child conceived from your donation?
You are already being loved by your parents. You are special to everyone, who were involved in making you. Have a happy and healthy life.

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 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 Disorders	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Lupus	☑	☐		☐		
Scleroderma	☑	☐		☐		
Sjogren's Syndrome	☑	☐		☐		

Kidney Disease	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 Disease	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Attention-Deficit Hyperactivity Disorder	☑	☐		☐		
Autism Spectrum Disorder	☑	☐		☐		
Asperger's Syndrome	☑	☐		☐		
Down Syndrome	☑	☐		☐		
Dyslexia Disorder	☑	☐		☐		
Chronic Migraines	☑	☐		☐		
Alzheimer Disease	☑	☐		☐		
Huntington's Disease	☑	☐		☐		
Epilepsy	☑	☐		☐		
Cerebral Palsy	☑	☐		☐		

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

Neurological Disease

	No	Yes (self)	Age of onset	Yes (relation)	Age of Onset	Relation to you
Creutzfeldt-Jakob Disease	☑	☐		☐		
Friedreich Ataxia	☑	☐		☐		
Multiple Sclerosis	☑	☐		☐		
Parkinson's Disease	☑	☐		☐		
Spina Bifida	☑	☐		☐		
Tourette Syndrome	☑	☐		☐		
Intellectual Disability	☑	☐		☐		
Guillain Barre Syndrome	☑	☐		☐		
Fatal Familial Insomnia (FFI)	☑	☐		☐		
Gertsmann-Straussler-Scheinker Syndrome (GSS)	☑	☐		☐		
Neurofibromatosis	☑	☐		☐		

Cancer

	No	Yes (self)	Age of onset	Yes (relation)	Age of Onset	Relation to you
Breast	☑	☐		☐		
Lung	☑	☐		☐		
Skin	☑	☐		☐		
Bowel	☑	☐		☐		
Lymphoma	☑	☐		☐		
Melanoma	☑	☐		☐		
Tumour	☑	☐		☐		
Other	☑	☐		☐		

Blood Disorders

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

Muscular/Bones/Joints

	No	Yes (self)	Age of onset	Yes (relation)	Age of Onset	Relation to you
Muscular Dystrophy	☑	☐		☐		
Marfan Syndrome	☑	☐		☐		
Spinal Muscular Atrophy	☑	☐		☐		
Arthritis	☑	☐		☐		
Rheumatoid Arthritis	☐	☐		☑	80	grand mother
Osteoarthritis	☑	☐		☐		
Scoliosis	☑	☐		☐		
Achondroplasia (Dwarfism)	☑	☐		☐		
Osteoporosis	☑	☐		☐		

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

Cardiovascular Disease	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Long QT Syndrome	☑	☐		☐		
Heart Disease	☑	☐		☐		
Cardiomyopathy	☑	☐		☐		
Heart Attack	☑	☐		☐		
Stroke	☑	☐		☐		
High Cholesterol	☑	☐		☑	55	mother

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

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	☑	☐		☐		
Phenylketonuria (PKU)	☑	☐		☐		
Hypoglycaemia	☑	☐		☐		

Congenital Malformations	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Cleft Lip	☑	☐		☐		
Cleft Palate	☑	☐		☐		
Club Foot	☑	☐		☐		
Hypospadias	☑	☐		☐		
Undescended Testicles	☑	☐		☐		
Polydactyly	☑	☐		☐		

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

Donor Details	
Donor Code: LD2Q	Date Completed: 23/02/2023

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

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

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

Please feel free to add further information relating to any conditions you ticked yes to above.

GCS Positive: Congenital adrenal hyperplasia due to 21-hydroxylase deficiency (CYP21A2 gene)