Sperm Donor Profile Addendum

Donor Code: LD4L	
Maximum permitted storage period: Donor LD4L will reach the maximum storage period on 30/03/2038 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 • Leber congenital amaurosis type 13 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 Profile

Donor Details			
Donor Code or RMU: LD4L			Date Donor Profile Completed: 13/06/2023
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: Shenyang/Liaoning	Country: China
Ethnicity: Asian		Religion (if any):
First Language: Mandarin		Other Language/s (if any): English
Occupation: Accountant		

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 - see medical history for details	CMV IgG Positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	
☐ Tafe/Vocational Training	
☑ Tertiary	Master of Professional Accounting

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) 179			Weight (kg) 74		
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	160	Medium	Medium	Black	Brown
Father	175	Medium	Medium	Black	Brown

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	**Ethnicity**
Mother	China	Asian
Father	China	Asian
Maternal Grandmother	China	Asian
Maternal Grandfather	China	Asian
Paternal Grandmother	China	Asian
Paternal Grandfather	China	Asian

Do you have any personal or professional interests?

I have a bunch of things I really enjoy doing. For starters, I love going on trips with my friends and exploring new places. Playing the piano is another passion of mine, where I can express myself through music. Swimming is something I find really relaxing and refreshing. When it comes to entertainment, I enjoy watching movies, playing Online and board games. These activities bring me a lot of joy and let me connect with others in different ways.

Please describe your personality/temperament.

I would describe myself as an ISFJ-A personality type. I have a calm and introverted temperament. When I face challenges, I tend to approach them with a rational mindset, carefully analysing problems and paying attention to details. Overall, I'm a laid-back person who rarely gets angry and prefers to maintain a positive perspective.

Please describe your attitude/philosophy in life.

In life, I hold the belief that there is an abundance of beauty waiting to be explored and uncovered. I approach it with a positive mindset, embracing people and experiences with open arms. I strongly believe in maintaining a good mood as it plays a vital role in navigating life's ups and downs.

What do you think makes you unique?

I believe everyone is unique, including myself. What makes me distinct is the way I perceive and embrace my own value and beauty. I strive to recognise my individuality and appreciate the qualities and experiences that shape me. Moreover, I find meaning in contributing to others and society. Whether it's through acts of kindness, sharing knowledge, or making a positive impact, I believe in using my unique strengths to make a difference.

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

During my childhood, I experienced a happy and fulfilling time that was balanced with hard work in my studies. I was fortunate to have a loving and supportive environment. From an early age, I was taught the value of understanding the diversity of the world, appreciating different cultures and beliefs. I was also instilled with the belief that opportunities are for those who are prepared. Overall, my childhood provided a solid foundation for my character and outlook on life.

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

My mom was the most influential person in my upbringing. She is open-minded, diligent, capable, understanding, and reasonable. Communication is highly valued by her, and she always listens and offers advice when I have something on my mind. Her impact on me has been profound, shaping my character and values.

Please explain why you wish to become a donor.

I wish to become a donor because I believe in creating value and making a positive impact on society. By assisting individuals and couples in their journey to start a family, I can play a role in bringing joy and fulfillment to their lives. It's an opportunity to make a meaningful difference and create a positive effect in society.

Do you have a message for a child conceived from your donation?

While I understand that it is beyond my control, I sincerely hope that you have a wonderfully happy life filled with joy and fulfillment. I wish for you to embrace each day with a radiant smile and a heart full of happiness.

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: LD4L

Donor Details			
Date Donor Profile Completed: 22/05/2023			
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 in good overall health.

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 - 10 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.***			■ 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

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	☑	☐		☐		
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

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

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	☐	☑	1	☐		
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	☑	☐		☐		

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?

To my knowledge, no genetic testing has been conducted within my family.

During primary school, I developed nearsightedness and began wearing glasses regularly. However, my condition has not worsened over time.

According to my mom, I developed eczema when I was one month old.

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

Positive carrier:
Leber congenital amaurosis type 13
RDH12