

Donor Code: LD40		
Maximum permitted storage period: Donor LD40 will reach the maximum storage period on 10/10/2038 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 – Dependent on family allocations	
Donor available for reservation in: NSW - 5 Family Allocations total in NSW		
Blood type: O+		
Cytomegalovirus (CMV) Status: Negative		
As this sperm donor is CMV Negative, no additional documentation is required. 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 genetic carrier screening (GCS) and has been found to be a carrier of the below listed condition/gene: <ul style="list-style-type: none"> Neuronal ceroid lipofuscinosis, MFSD8-related – MFSD8 (c.1436G>A [p.Trp479*]) Cystic Fibrosis – CFTR (c.1521_1523del [p.Phe508del]) Short-rib thoracic dysplasia 3 with or without polydactyly – DYNC2H1 (c.10626+1G>T [p.?.]) Congenital hypothyroidism, DUOX2-related – DUOX2 (c.2895_2898del [p.Phe966Serfs*29]) 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 genetic carrier screening with a comparable panel including the above conditions 		
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 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>

TO BE COMPLETED BY MONASH IVF
Donor Code: LD40

Donor Details			
Donor Code or MIVF Patient ID: LD40		Date Donor Profile Completed: 09/03/2024	
Donor type	<input checked="" type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor	<input type="checkbox"/> Embryo Donor: <input type="checkbox"/> Sperm Source / <input type="checkbox"/> Egg Source Both donors must provide a declaration
Country of Birth: Australia	Ethnicity: Australian		

Health Questions	
Height cm: 176	Weight (Kg): 186
Do you smoke?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes <i>if yes how many per day: per week:</i>
Do you drink alcohol?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes <i>if yes how many per day: per week: 10 cans</i>
Do you currently engage in any recreational drug use?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes, <i>if Yes please list which recreational drug and how often:</i>
Do you exercise/engage in physical activity?	<input type="checkbox"/> No / <input type="checkbox"/> Occasionally / <input checked="" type="checkbox"/> Often <i>hrs per week: 40-50+</i>
Do you have issues with your eyesight?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Do you wear glasses?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes <i>If you do wear glasses, please provide additional information:</i>
I can see fine up close but need glasses to see far away clearly	
Do you have issues with your hearing?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Do you wear hearing aids?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Have you had a fever and/or illness within the last three months:	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Have you travelled out of Australia in the last six months?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes <i>If Yes, list countries:</i>
Have you or any member of your extended family had consultations at a genetic clinic?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes <i>Please provide further details if you answer yes.</i>
Have you or any member of your extended family been diagnosed with a genetic condition?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes <i>Please provide further details if you answer yes.</i>
Have any members of your extended family died suddenly at an early age?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes <i>Please provide further details if you answer yes.</i>

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) as well as if they are maternal (mothers side) or paternal (fathers side). 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	✓					
Other	✓					

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				✓	60+	Grandmother
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 <i>If yes, please provide details</i>	✓					

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	✓					
Thalassaemia	✓					
Other	✓					

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. <i>Achondroplasia</i>)	✓					
Other	✓					

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

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)	✓					

Other	✓					
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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	✓					
Other	✓					

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)	✓					
Other	✓					

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

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

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?

I believe my grandmother on my mothers side was possible diagnosed with alzhiemers or dementia in her old age.

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	<input checked="" type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor	<input type="checkbox"/> Embryo Donor: <input type="checkbox"/> Sperm Source / <input type="checkbox"/> Egg Source 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 for any members of your family in this document. This document is a fillable PDF.

Donor Information	
Ethnicity: Australian	Country of birth: Australia
First Language: English	Other Language/s (if any):
Age at time of donation: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-30 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 41-45	

Current Relationship Status				
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> DeFacto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Occupation
Meat worker

Educational Level	Certificates Attained/Highest Year Level Completed
Secondary	Graduated year 12
Tafe/Vocational Training	Metals B, Fabrication Cert, IT Cert
Tertiary	

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

Sex of Each Child	Year of Birth	Hair Colour	Eye Colour
Female	2014	Blonde	Grey/Blue
Female	2019	Light red/Strawberry Blde	Grey/Blue

Physical Characteristics					
Build	<input type="checkbox"/> Slim	<input type="checkbox"/> Athletic	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Large
Complexion	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Freckled	<input type="checkbox"/> Medium	<input type="checkbox"/> Olive	<input type="checkbox"/> Dark Brown
Eye Colour	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Hazel	<input type="checkbox"/> Grey	<input type="checkbox"/> Brown
Natural Hair Colour	<input type="checkbox"/> Blonde	<input checked="" type="checkbox"/> Red	<input type="checkbox"/> LightBrown	<input type="checkbox"/> DarkBrown	<input type="checkbox"/> Black
Hair Texture (select from each row)	<input type="checkbox"/> Fine	<input type="checkbox"/> Medium	<input type="checkbox"/> Coarse	<input checked="" type="checkbox"/> Thick	
	<input type="checkbox"/> Wavy	<input type="checkbox"/> Straight	<input type="checkbox"/> Curly		

Biological Parents Physical Characteristics					
	Height (cm)	Build	Complexion	Natural Hair Colour	Eye Colour
Mother	154	Medium	Fair	Red	Hazel
Father	185	Large	Medium	Red/Brown	Brown

Biological Parents and Grandparents		
	Country of Birth	Ethnicity
Mother	Australia	Australian
Father	Australia	Australian
Maternal Grandmother	Australia	Australian
Maternal Grandfather	Australia	Australian
Paternal Grandmother	Australia	Australian
Paternal Grandfather	Australia	Australian

Please list personal and/or professional interests.

Mechanics, landscaping, driving, fishing, fabrication, and reading

Please describe your personality/temperament.

Easy going but protective

Please describe your attitude/philosophy in life.

Let others be in exchange for the same peace, help where you can but not to your own detriment

What do you think makes you unique?

Other than my personal life experience, I'd say my red hair and beard, I've been told many times how unique or special it is

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

Happy enough, treat everyone equally, act respectful

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

Mother - kind but stern, always willing to help
Step father - Happy but tired from working to pay the bills
Grandmother - very warm and nurturing, had a lot of family

Please explain why you wish to become a donor.

To help others who need it

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

Not particularly, but would be open to any questions they might have and say I hope they have a great family.