

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	✓					
Thalassemia	✓					
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.