Sperm Donor Profile Addendum

Donor Code: MQ190123

Maximum permitted storage period: Donor MQ190123 will reach the maximum storage period on 24/03/2033. 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.

Donor available for reservation in QLD 10 family allocations

Blood type: A +

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 returned a negative result for all screened tests. Further genetic screening is therefore not mandatory to proceed with using this donor.

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

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 B Core Antibody	✓	✓
Hepatitis C Core Antibody	✓	✓
HCV 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*
Extended Genetic Carrier Screening	✓	*Not Required*

Monash IVF Group

Donor Non-Identifying Information

Donor Details			
Donor Code: MQ190123			Date Completed: 31/03/2023
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: Tamaki Makaurau	Country: New Zealand
Ethnicity: New Zealand Maori/European		Religion (if any):
First Language: English		Other Language/s (if any): Maori
Occupation: Primary School Teacher		

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
Negative	Past exposure positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	Bachelor of Education (Primary Pathways)
☐ Tafe/Vocational Training	
☑ Tertiary	

Do you have your own children? ☐ N/A

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour
Female	2009	Brown	Brown
Female	2010	Blonde	Blue
Male	2015	Dark Blonde	Brown
Male	2019	Blonde	Hazel

Monash IVF Group

Donor Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

Physical Characteristics					
Height (cm) 187			Weight (cm) 111kg		
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	155	Solid	Dark Brown	Brown	Brown
Father	170	Solid	Fair	Blonde	Blue

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	**Ethnicity**
Mother	New Zealand	New Zealand Maori
Father	New Zealand	New Zealand European
Maternal Grandmother	New Zealand	New Zealand Maori
Maternal Grandfather	New Zealand	New Zealand Maori
Paternal Grandmother	Australia	European
Paternal Grandfather	New Zealand	European

Please describe your general health:

Active, non smoker and exercises regularly.
Plays weekly sports and trains 2 times a week.

Health Questions			
Do you smoke?	☑ No / ☐ Yes	per day	per week
Do you drink alcohol?	☐ No / ☑ Yes	1 per day 1	per week
Do you exercise/engage in physical activity?	☐ No / ☑ Occasionally / ☐ Often	4	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 Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

Do you have any personal or professional interests?

Play competitive weekend sport and coach hig school students and junior contact sports.
Enjoy playing music including the guitar, drums and singing.
Watch professional sports and attend the occasional live game.
Enjoy being creative, drawing, puzzles and word games.

Please describe your personality/temperament.

Mild mannered, friendly and sociable.
Easy going and works well with others in all situations.
Empathetic and helpful.

Please describe your attitude/philosophy in life.

Be patient. Listen and observe so you can take in the big picture. Learn to respect and understand others and where they come from. All of us bring something important to the table.

What do you think makes you unique?

My ability to see 'both sides of the coin', and understand other's points of view.

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

Bright, colourful. Full of family. Large family gatherings at christmas, easter and for birthday parties. Lots of people in our front yard playing games, running around and playing sports. Weekends were spent outside and in trees. Spent school holidays with cousins and out visiting.
The values that I was taught were about putting family first and keeping loved ones close. I was also taught to listen and observe so I can learn more about others.

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

My nan (maternal grandmother). She was the matriach of the family and glued us all together. She was super talented at everything she did, but very humble. She worked hard in the background to allow her children and others to shine. She loved all of her family and showed how a family should work together.

Donor Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

Please explain why you wish to become a donor.
I have had the chance to create and grow my family. I would love to be able to help others to enjoy the wonders of family life too.

Do you have a message for a child conceived from your donation?
Welcome to the world, little one.

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	☑	☐		☑	14	Uncle (maternal)
Cerebral Palsy	☑	☐		☐		

Monash IVF Group

Donor Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

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	☑	☐		☑	60	Uncle
Skin	☑	☐		☐		
Bowel	☑	☐		☐		
Lymphoma	☑	☐		☐		
Melanoma	☑	☐		☐		
Tumour	☑	☐		☐		
Other	☑	☐		☑	64	Grandfather

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	☑	☐		☐		
Osteoarthritis	☑	☐		☐		
Scoliosis	☑	☐		☐		
Achondroplasia (Dwarfism)	☑	☐		☐		
Osteoporosis	☑	☐		☐		

Monash IVF Group

Donor Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

Cardiovascular Disease	No	Yes (self)	Age of onset	Yes (relation)	Age of Onset	Relation to you
Long QT Syndrome	☑	☐		☐		
Heart Disease	☑	☐		☐		
Cardiomyopathy	☑	☐		☐		
Heart Attack	☑	☐		☑	49	Uncle
Stroke	☑	☐		☐		
High Cholesterol	☑	☐		☑	32	Brother

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	☑	☐		☑	50	Mother
Allergies (Food)	☑	☐		☐		
Allergies (Drug)	☑	☐		☐		
Allergies (Pet)	☑	☐		☐		
Allergies (Hay fever)	☑	☐		☐		

Monash IVF Group

Donor Non-Identifying Information

Donor Details	
Donor Code: MQ190123	Date Completed: 31/03/2023

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	☑	☐		☑	72	Grandmother
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.