Sperm Donor Profile Addendum

Donor Code: Q001J

Maximum permitted storage period: Donor Q001J will reach the maximum storage period on 6/10/2032. 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: O +

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:

- Leber congenital amaurosis 8
- Short branched chain acyl-CoA dehydrogenase (SBCAD) deficiency

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: Q001J			Date Completed: 31/10/2022
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: Jiangsu Province	Country: China
Ethnicity: Chinese		Religion (if any): Non.
First Language: Mandarin		Other Language/s (if any): English, Cantonese
Occupation: a Medical Doctor, specilising in oncology		

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
Positive	Past Exposure Positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	
☐ Tafe/Vocational Training	
☑ Tertiary	a Medical Doctor Degree and a Philosophy Doctor Degree

Do you have your own children? ☐ N/A

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour
Female	2013	Black	Black

Donor Non-Identifying Information

Donor Details	
Donor Code: Q001J	Date Completed: 31/10/2022

Physical Characteristics					
Height (cm) 177 CM			Weight (cm) 68Kg		
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	176	Slim	Olive	Black	Blue
Father	180	Athletic	Fair	Black	Brown

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

Please describe your general health:

I am perfectly healthy. I always lead a healthy life style. I am athletic. I never smoke nor drink. I do Chinese martial arts since I was born. I also often do a lot of other exercises, such as running, swimming, tennis etc. I swim in winter. I can swim at least two hundred meters in the water of below zero degree Celsius during winter. I never have serious diseases. I never have had surgeries.

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	5 times	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

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Do you have any personal or professional interests?

For my personal interests, I like doing some exercises and reading books in my spare time. I will go out for a tour on a long holiday. I like swimming in the sea, boating, climbing, playing golf, etc.
For my professional interests, I like doing some research and reading the research papers in order to keep up with the progression of the medical science.

Please describe your personality/temperament.

I always have a very good temper and manner. I am very polite to others. I always try my best to help my patients and my colleagues. I get along extremely well with my patients and other doctors in the hospital. I take care of those persons around me very well.
I never get serous angery with others because I think that makes nonsense. If I have some complaints on others, I will tell them directly and discuss with them peacefully.

Please describe your attitude/philosophy in life.

I do my utmost to have a healthy and happy life. In my opinion, health and happiness are both important in my life. I have an optimistic attitude toward life, which is essentially important when I am in a difficulty time. I always try my best to manage all the problems in my life and I believe I can do that.

What do you think makes you unique?

I am highly intelligent and very good at learning. In my opinion, it is learning that makes me unique. Intelligence is not enough for me without learning, but it makes me easy to learn.

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

I have an exceptionally happy childhood in China. I was born in Jiangsu Province of China, where is a very beautiful and wealthy place. There were many trees around my house. I often played in the shadow of those trees. Besides, I often went to swim in a small river behind my house.
I was taught by my parents and my grandparents that I should show respect and politeness to others. In addition to that, the neighbours should help each other.

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

Both my parents are the most influential people in my upbringing. My mother tried her best to take care of me and teach me the basic knowledge in life. My father taught me a lot of mathematics. They taught me how to be a nice person and how to learn in school. So, I have a very good habit in my life. Both of them are the most wonderful person in the world.

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Please explain why you wish to become a donor.
It is my honour and my pleasure to help others who cannot get pregnant naturally. On the other hand, I am glad to have more offspring.

Do you have a message for a child conceived from your donation?
Health and happiness are the most crucial things in life. Do excercises often so to keep healthy. Be optimistic in your life. Try your best to learn. Intelligence is not enough. I hope you can be a medical doctor too.

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	☑	☐		☐		

Monash IVF Group

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

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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	☑	☐		☐		

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)	☑	☐		☐		

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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.

Q001J – Photo 1

Q001J – photo 2