Sperm Donor Profile Addendum

Donor Code: V017Y

Legislation type: New

Following a major review of Victoria's assisted reproductive treatment laws, State Parliament last year passed the Victorian Assisted Reproductive Treatment Amendment Bill (2021).
This resulted in several legal changes which have now come into effect and are designed to provide better and fairer access to assisted reproductive treatment in Victoria.

- This donor has been counselled and consented to these changes and therefor falls under the new legislation. If you have received counselling after the 15th of August 2022 these changes should have been discussed with you, if prior we will arrange for you to receive top up counselling at no charge to use this donor under the new legislation.

Consent Expiry: 26/06/2033

Maximum permitted storage period: Donor V017Y will reach the maximum storage period on 14/08/2033 Following the donor's consent and storage expiry, 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: IUI/IVF	**On donation available:** Yes. Please speak with your donor coordinator to check that a family allocation is available.

Donor available for reservation in: VIC

Blood type: A Rh(D) Positive

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:

- Familial lipoprotein lipase deficiency *LPL*

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 (ECS)

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	✓	✓
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: V017Y			Date Donor Profile Completed: 14/12/2023
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: SI CHUAN	Country: CHINA
Ethnicity: HAN (ASIAN)		Religion (if any):
First Language: MANDARIN		Other Language/s (if any): SI CHUAN/ ENGLISH
Occupation: WORK FREELANCE		

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)*
ECS completed - carrier of Familial lipoprotein lipase deficiency *LPL*	Positive

Educational Level	Certificates Attained/Highest Year Level Completed
☐ Secondary	
☐ Tafe/Vocational Training	
☑ Tertiary	

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)169.5			Weight (kg) 63		
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	158	Medium	Fair	Black	Brown
Father	165	Athletic	Medium	Black	Brown

Biological Parents and Grandparents Country of Birth and Ethnicity		
	Country	**Ethnicity**
Mother	CHINA	HAN(ASIAN)
Father	CHINA	HAN(ASIAN)
Maternal Grandmother	CHINA	HAN(ASIAN)
Maternal Grandfather	CHINA	HAN(ASIAN)
Paternal Grandmother	CHINA	HAN(ASIAN)
Paternal Grandfather	CHINA	HAN(ASIAN)

Do you have any personal or professional interests?
Writing painting ,traveling and sports

Please describe your personality/temperament.
optimistic and open minded,the pursuit of all new things and freedom.

Please describe your attitude/philosophy in life.

To face every challenge with a positive and optimistic attitude .

What do you think makes you unique?

my confidents attitude and continuous learning attitude combined with strong action force make me more advantageous .

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

I spent my growing years in peace and happiness under the care of my parents.waht influenced me most was that my parents ,teachers and friends taught me how to be kind to others and how to love others .

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

It's hard for me to say who has the greatest influence on me ,because the people around me have different characteristics and i can all be influenced by them .But one thing they all have in common is that they approach everything they encounter with a kind and positive heart.

Please explain why you wish to become a donor.

At the beginning,i learned about this project out of curiousity,and when i learned more about it ,i found that it is a very positive thing. in the trend of declining fertility rate in many countries,some people will need to give birth to children,which is very rare,so i am willing to do my part to help them.Second, i'm not sure if i'm going to have children of my own in the future,so if my biological child is born in the future ,it might fill some of my regrets.

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

I hope the children can live in a healthy and warm family,be a kind person and face their life with optimism and brave.

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: V017Y

Donor Details			
Date Donor Profile Completed: 09/03/2023			
Donor Type:	☒ Sperm Donor	☐ Egg Donor	☐ Embryo Donor: ☐ Sperm Source / ☐ Egg Source *Note: Both donors must provide a declaration*

Please describe your general health:
In good health No history of disease Three doses of covid-19 vaccine

Health Questions			
Do you smoke?	■ No / ☐ Yes	per day	per week
Do you drink alcohol?	☐ No / ■ Yes	per day 2	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	10mo 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

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)	☑	☐		☐		

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.

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	☑	☐		☐		
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?

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