Sperm Donor Profile Addendum

Donor Code: V073K

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: 23/05/2033

Maximum permitted storage period: Donor V073K will reach the maximum storage period on 22/07/2033. 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: IVF/ICSI	**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:

- Wilson disease *ATP7B*

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 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*

Donor Non-Identifying Information

Donor Details			
Donor Code: V073K			Date Completed: 23/05/2023
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: Jiangsu	Country: China
Ethnicity: Asian		Religion (if any): None
First Language: Mandarin		Other Language/s (if any): English
Occupation: Software Developer		

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
Carrier of Wilson Disease ATP7B	Positive

Educational Level	Certificates Attained/Highest Year Level Completed
☑ Secondary	2014
☐ Tafe/Vocational Training	
☑ Tertiary	Master of Information Technology (2022) / Bachelor of Electrical Engineerin

Do you have your own children? ☑ N/A

Gender of Each Child	Year of Birth	Hair Colour	Eye Colour

Donor Non-Identifying Information

Donor Details	
Donor Code: V073K	Date Completed: 23/05/2023

Physical Characteristics					
Height (cm) 182			Weight (cm) 86		
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	173	Medium	Medium	Black	Brown
Father	178	Medium	Medium	Black	Brown

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

Please describe your general health:
Overall well.

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		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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Donor Code: V073K	Date Completed: 23/05/2023

Do you have any personal or professional interests?

Travelling; Rhythm Games; Software Development

Please describe your personality/temperament.

If you're familiar with the MBTI personality assessment, you may know that I'm an INFP. I'd characterize myself as an easygoing and open-minded individual. Communication and understanding others' feelings are aspects I greatly value. Further, I possess an insatiable curiosity about the world around me.

Please describe your attitude/philosophy in life.

My philosophy in life revolves around the idea of reciprocity. I hold the belief that by approaching the world with authenticity and a genuine heart, I will receive the same sincerity in return from those I encounter.

What do you think makes you unique?

Even though we are all ordinary people in this big world, I believe what makes each of us unique is our own set of experiences. For me, my family has played a big part in shaping who I am - a caring person. Also, the challenges and setbacks I've faced have taught me important lessons and made me strive to be better. That's what I think makes me unique.

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

My childhood was truly a delightful period in my life. My parents are not perfect, but they provided a warm environment for me to grow up. They taught me honesty and integrity. Moreover, they encouraged me to learn from the strengths of others and to wisely avoid their weaknesses. This guidance has shaped my perspective and enriched my character.

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

Like many people, my parents were the biggest influences in my life, especially my mother. She is a strong woman who balanced work and raising me. My father taught me many life lessons, including how to treat people well and wisely.

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Donor Details	
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Please explain why you wish to become a donor.
As a gay man, I might not have my own children. However, I still want to leave something meaningful behind in this world. I'm happy to know I can help couples who can't have children. Donating sperm allows me not only to fulfill my personal wish but also offers a life-changing opportunity to whose who desire children.

Do you have a message for a child conceived from your donation?
Dear child, I hope that you're surrounded by a loving family and that your childhood is filled with joy. You are here because of your parents' hard work and love, so I have no doubt they cherish you deeply. As your biological father, I wish you nothing but the best in life. If the opportunity arises and you are open to it, I eagerly look forward to hearing about your life journey, which will undoubtedly be uniquely different from my own.

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	☐	☐	26	☐		
Autism Spectrum Disorder	☑	☐		☐		
Asperger's Syndrome	☑	☐		☐		
Down Syndrome	☑	☐		☐		
Dyslexia Disorder	☑	☐		☐		
Chronic Migraines	☑	☐		☐		
Alzheimer Disease	☑	☐		☐		
Huntington's Disease	☑	☐		☐		
Epilepsy	☑	☐		☐		
Cerebral Palsy	☑	☐		☐		

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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	☐	☐		☑	75 / 68	Paternal & Maternal Grandmo
Lymphoma	☑	☐		☐		
Melanoma	☑	☐		☐		
Tumour	☐	☐		☑	60	Maternal Grandmother
Other	☐	☐		☑	43	Father - as stated below

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	☐	☐		☑	43	Father - Thyroid cancer
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)	☐	☑	18	☐		
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	☐	☑	24	☐		
Albinism	☑	☐		☐		
Vitiligo (pigmentation disorder)	☑	☐		☐		

Sight/Sound						
	No	Yes *(self)*	Age of onset	Yes *(relation)*	Age of Onset	Relation to you
Colour Blindness	☑	☐		☐		
Cataracts	☐	☐		☑	70	Paternal Grandfather
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.
I'm slightly allergic to alcohol, which also caused eczema lasting for a few months one time in my 24-year-old.