# Sperm Donor Addendum

**Donor Code: V175B**

**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.

**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:

- Cystic Fibrosis *CFTR*

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

- Expanded Carrier Screening (ECS)

**Current Screening Guidelines as of 2020**

| 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* |

# Donor Non-Identifying Information

| Donor Details | | | |
|---|---|---|---|
| Donor Code: V175B | | | Date Completed: 15/10/2023 |
| 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: Wyra | Country: India |
| Ethnicity: Indian | | Religion (if any): Hindu |
| First Language: Telugu | | Other Language/s (if any): Hindi |
| Occupation: Business Finance Manager | | |

| 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 |
|---|---|
| ECS completed - carrier of Cystic Fibrosis (CFTR) | Positive |

| Educational Level | Certificates Attained/Highest Year Level Completed |
|---|---|
| ☐ Secondary | |
| ☐ Tafe/Vocational Training | |
| ☑ Tertiary | Bachelors degree in Mechanical and Masters in engineering management |

**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: V175B | Date Completed: 15/10/2023 |

| Physical Characteristics | | | | | |
|---|---|---|---|---|---|
| Height (cm) 187 | | | Weight (cm) 89 | | |
| 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 | Medium | Medium | Black | Blue |
| **Father** | 181 | Medium | Medium | Black | Blue |

| Biological Parents and Grandparents Country of Birth and Ethnicity | | |
|---|---|---|
| | **Country** | **Ethnicity** |
| **Mother** | India | Indian |
| **Father** | India | Indian |
| **Maternal Grandmother** | India | Indian |
| **Maternal Grandfather** | India | Indian |
| **Paternal Grandmother** | India | Indian |
| **Paternal Grandfather** | India | Indian |

**Please describe your general health:**

Never had any health issues except a recent back pain due long hours of sitting without stretches. Have been doing some stretching exercises to avoid any such issues in the future. Bit struggling with hayfever since last two years and no other known issues

| Health Questions | | | | |
|---|---|---|---|---|
| Do you smoke? | ☑ No / ☐ Yes | | per day | per week |
| Do you drink alcohol? | ☐ No / ☑ Yes | | per day 1 | per week |
| Do you exercise/engage in physical activity? | ☐ No / ☑ Occasionally / ☐ Often | | 2 | 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 Details | |
|---|---|
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**Do you have any personal or professional interests?**

Professionally, I would like to extend my career to become a good financial manager. Have been successful in promoting to good positions in a short span of time. I thrive to achieve the desired goal if I love it.

Personally, I want to see myself as a good posture and planning to adopt to a life style of regular exercises

**Please describe your personality/temperament.**

I am always optimistic on any little thing. Whatever, I have to plan for, will look into long term impacts and outcomes. As such, over thinks sometimes. Used to be a short tempered as a kid, eventually learned from the time spent with elders and many experiences from outcomes of contrast and cool behavior.

**Please describe your attitude/philosophy in life.**

My sole philosophy is to live ethically and believe in karma. Whatever we do will reflect in one or another way. I believe in service and always do the right thing expecting the same

**What do you think makes you unique?**

As mentioned above, being ethical and expecting the same. Main focus on service motto. I go to any extent to keep up with my service to others where I see lot of satisfaction in myself when others being helped by me.

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

I was brought up with good values and ethics as a child. My parents went through lot of struggles with other family members where they want their kids to be contrast to such behaviors and I was grown up being taught on sharing love, cool nature and many other good principles.

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

I always get inspired with the people who grown to be successful without any back support. They know every aspect of life how they overcome and have a huge respect to the society.

# Donor Non-Identifying Information

| Donor Details | |
|---|---|
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| Please explain why you wish to become a donor. |
|---|
| As mentioned above, I live on service motto. Whatever the chances of being helpful to the community, I am always up. This is one of the services too. |

| Do you have a message for a child conceived from your donation? |
|---|
| Dear child, you are a lucky charm for your parents. Never forget the love you always have from them. Share the love and kindness to the others and you will be looked after by everyone.<br><br>You were born from a donor who spreads the love in every possible way and by the parents who wanted to show their love to by giving you a great birth. |

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 | ☑ | ☐ | | ☐ | | |

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|---|---|
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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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|---|---|
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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) | ☐ | ☑ | 30 | ☐ | | |

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|---|---|
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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. |
|---|
| None |