

DONOR PROFILE

Facts and Figures

Year of birth: 1980 Height: 5'10" Weight: 165 Eye color:

Black Grey Green
 Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light Brown Blond Curly Thick Average
 Dark Brown Red Brown Dark Blond Wavy Thin Balding
 Brown Red Strawberry Blond Straight

Body frame size*: Small Medium Large Very Large

*The broadness of an individual's shoulders is a fairly accurate indication of frame size.

Ethnic origin:

- Asian
- Caucasian
- Middle Eastern/Arabic
- American Indian/Alaska Native
- East Indian
- Native Hawaiian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Mixed/Multi Ethnic

Relative to your ethnic origin, how would you describe your complexion?

- Very fair
- Fair
- Medium
- Dark
- Very dark

Mother's ancestry: German/Irish
(specify country or countries)

Father's ancestry: German/Irish
(specify country or countries)

Do you have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Specific religious affiliation: none

Mother's religion: Catholic

Father's religion: Catholic

Education

(indicate highest level completed)

High school 1 2 3 4 GPA: 3.86

Major(s):
philosophy

College/University 1 2 3 4 GPA: 3.80

B.A. B.S.

Other degrees: _____

Minor(s):

Graduate studies 1 2 3 4+ GPA: _____

Major/Focus: _____

Graduate degrees attained

- M.A.
- M.S.
- Ph.D.
- M.D.
- J.D.
- D.D.S.

Other: _____

Other degrees/certifications: certified exercise therapist, certified personal trainer, certified microscopist

HOBBIES, FAVORITES, AND HIDDEN TALENTS

What kind of mechanical skills or abilities do you possess? (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> I can barely replace a light bulb | <input type="checkbox"/> Model building |
| <input type="checkbox"/> Auto repair | <input type="checkbox"/> Building computers |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> I can fix ANYTHING |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrical | _____ |

How are your mathematical skills?

- Basic (Can balance a checkbook)
- Good (e.g., Algebra, Trigonometry, Pre-Calculus)
- Excellent (e.g., Calculus)
- Einstein (e.g., Linear Algebra, Advanced Statistics)

Awards or honors: none

Are you athletic?

- I can walk and chew gum at the same time
- Yes (e.g., high school / club sports)
- Very (e.g., high school captain, all-star, state honors)
- Extremely (e.g., college / professional athlete)

Awards or honors: high school football team captain

What is your favorite sport to play? basketball

Which sport(s) did you play regularly in high school and/or after? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Baseball / Softball | <input type="checkbox"/> Tennis |
| <input checked="" type="checkbox"/> Basketball | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Golf | <input checked="" type="checkbox"/> Volleyball |
| <input checked="" type="checkbox"/> Football | <input checked="" type="checkbox"/> Skiing |
| <input checked="" type="checkbox"/> Soccer | <input checked="" type="checkbox"/> Snow Boarding |
| <input checked="" type="checkbox"/> Swimming | <input checked="" type="checkbox"/> Surfing |
| <input checked="" type="checkbox"/> Running | <input type="checkbox"/> Skate Boarding |
| <input checked="" type="checkbox"/> Weight Training | <input checked="" type="checkbox"/> Wrestling |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> None |
| <input type="checkbox"/> Triathlons | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ping Pong | _____ |

HOBBIES, FAVORITES, AND HIDDEN TALENTS

What languages do you speak fluently? (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Greek | <input checked="" type="checkbox"/> Spanish |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Italian | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |

What are your hobbies and talents?

I make music - acoustic & electronic soulful, high energy and soft, poetic. I write, I am a published author.

I'm a successful entrepreneur. I am also spiritual and a nature lover.

How do you express your creativity (music, painting, drawing, writing, graphic design, dancing, singing, etc.)?

music, professional dance - swing dancing and was on a dance entertainment team.

I write poetry and enjoy conversation/being social a great deal.

What are your favorite foods? healthy tasty stuff - salads with dressings I'll make and vegan desserts

What is your favorite animal? seahorse

Where would you like to travel and why?

I'd love to travel down to South America because I love how festive their cultures are down there, as well as the weather, the food, the jungle & beaches, and the people are beautiful and warm.

What makes you laugh?

good jokes, funny movies, my friends and I definitely make myself laugh too when I get too headstrong then realize it.

What is the one thing about you that everybody should know?

I love deeply.

EDUCATIONAL AND OCCUPATIONAL BACKGROUND

| | |
|---|---|
| <input checked="" type="checkbox"/> SAT Total: <u>1280</u> out of <u>1600</u> | <input type="checkbox"/> GRE Score: _____ out of _____ |
| Reading: <u>640</u> out of <u>800</u> | <input type="checkbox"/> LSAT Score: _____ out of _____ |
| Math: <u>640</u> out of <u>800</u> | <input type="checkbox"/> MCAT Score: _____ out of _____ |
| Writing: _____ out of _____ | <input type="checkbox"/> GMAT Score: _____ out of _____ |
| <input type="checkbox"/> ACT Total: _____ out of _____ | <input type="checkbox"/> Other: _____ Score: _____ out of _____ |
| <input type="checkbox"/> I did not take examinations | <input type="checkbox"/> I do not recall test scores |

Which subject did you *most* enjoy in school? English

Which subject did you *least* enjoy in school? algebra

Academic and professional clubs/teams/societies:
philosophy club. intervarsity sports. intervarsity christian fellowship. comedy improv team

Academic and professional honors:
3/4 tuition academic scholarship; philosophy student of the year;
graduated Magna Cum Laude with 3.8 GPA

Are you a full-time student? Yes No Part-time

If you are not a full-time student, what is your current occupation? Nutritionist

Current/Past jobs: (do not name your employers)
Exercise therapist. Personal Trainer.

Have you served in the military?
 Yes
 No

PERSONAL HEALTH HISTORY

Do you have any allergies? Yes No
If yes, please describe (include childhood allergies):

Do you have any food intolerances? (e.g., lactose, gluten)

No Yes: _____

Have you had surgery?

No Yes
Type of procedure: _____ Age: _____

Have you been hospitalized?

No Yes: _____

Have you been responsible for any pregnancies? Yes No

Are there any twins or triplets in your family? Yes No

PHYSICAL QUALITIES

Vision:

- Normal
- Corrective lenses
 - Nearsighted
 - Farsighted
 - Other: _____
- Corrective surgery
 - Nearsighted
 - Farsighted
 - Other: _____

Hearing impairments:

No Yes: _____

Exercise habits:

- I do not exercise
- I exercise 1-3 times per week
- I exercise 3+ times per week

Types of exercise: yoga, weight training,
running, sports, dance

Condition of your teeth:

- Excellent
- Good
- Fair
- Poor

Orthodontic treatment: (e.g., braces, retainers)

No Yes: _____

Left-handed Right-handed Ambidextrous

Distinguishing features: (check all that apply)

- Dimples
- Full lips
- Thin eyebrows
- Straight nose
- Cleft chin
- High cheekbones
- Thin lips
- Large eyes
- Curved nose
- Other: _____

FAMILY MEDICAL HISTORY

Please indicate the number of each type of family member. Include half-siblings and individuals who are deceased. Do not include persons who are not biologically related to you.

| Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | |
|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|---|
| | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 2 | 2 | 3 | 5 | 4 | 3 |

BLOOD TYPE: O positive

Please use a checkmark to indicate which of the following medical problems you or one of your family members have had:

| Medical Problem | You | Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | No one | Comments | |
|-----------------------------|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|--------------------------|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | |
| 1. Cardiovascular | | | | | | | | | | | | | | | | | | | | |
| A. congenital heart defect | | | | | | | | | | | | | | | | | | | ✓ | |
| B. aneurysm | | | | | | | | | | | | | | | | | | | ✓ | |
| C. angina | | | | | | | | | | | | | | | | | | | ✓ | |
| D. atherosclerosis | | | | | | | | | | | | | | | | | | | ✓ | |
| E. cardiomyopathy | | | | | | | | | | | | | | | | | | | ✓ | |
| F. circulatory disorder | | | | | | | | | | | | | | | | | | | ✓ | |
| G. congestive heart failure | | | | | | | | | | | | | | | | | | | ✓ | |
| H. heart arrhythmia | | | | | | | | | | | | | | | | | | | ✓ | |
| I. heart attack | | | | | | | | | | | | | | | | | | | ✓ | |
| J. high blood pressure | | | | | | | | | | | | | | | | | | | ✓ | diagnosed in her mid 50s |
| K. stroke | | | | | | | | | | | | | | | | | | | ✓ | |
| L. other | | | | | | | | | | | | | | | | | | | ✓ | |

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|---|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | |
| 2. Blood | | | | | | | | | | | | | | | | | | | | |
| A. anemia | | | | | | | | | | | | | | | | | | | | ✓ |
| B. Fanconi anemia | | | | | | | | | | | | | | | | | | | | ✓ |
| C. hemochromatosis | | | | | | | | | | | | | | | | | | | | ✓ |
| D. hemophilia or other bleeding problem | | | | | | | | | | | | | | | | | | | | ✓ |
| E. immune deficiency | | | | | | | | | | | | | | | | | | | | ✓ |
| F. leukemia | | | | | | | | | | | | | | | | | | | | ✓ |
| G. sickle cell anemia | | | | | | | | | | | | | | | | | | | | ✓ |
| H. thalassemia | | | | | | | | | | | | | | | | | | | | ✓ |
| I. other hereditary anemia | | | | | | | | | | | | | | | | | | | | ✓ |
| J. other | | | | | | | | | | | | | | | | | | | | ✓ |
| 3. Respiratory | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of respiratory system | | | | | | | | | | | | | | | | | | | | ✓ |
| B. asthma | | | | | | | | | | | | | | | | | | | | ✓ |
| C. chronic obstructive pulmonary disease [COPD] | | | | | | | | | | | | | | | | | | | | ✓ |
| D. cystic fibrosis | | | | | | | | | | | | | | | | | | | | ✓ |
| E. emphysema | | | | | | | | | | | | | | | | | | | | ✓ |
| F. hay fever | | | | | | | | | | | | | | | | | | | | ✓ |
| G. lung cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| H. other | | | | | | | | | | | | | | | | | | | | ✓ |

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| Medical Problem | You | Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | No one | Comments | |
|---|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | |
| 4. Skin | | | | | | | | | | | | | | | | | | | | |
| A. acne | | | | | | | | | | | | | | | | | | | | ✓ |
| B. eczema | | | | | | | | | | | | | | | | | | | | ✓ |
| C. melanoma | | | | | | | | | | | | | | | | | | | | ✓ |
| D. pigmentation disorders | | | | | | | | | | | | | | | | | | | | ✓ |
| E. psoriasis | | | | | | | | | | | | | | | | | | | | ✓ |
| F. skin cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| F. other | | | | | | | | | | | | | | | | | | | | ✓ |
| 5. Gastro-intestinal | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of gastro-intestinal system | | | | | | | | | | | | | | | | | | | | ✓ |
| B. celiac disease | | | | | | | | | | | | | | | | | | | | ✓ |
| C. cirrhosis of the liver | | | | | | | | | | | | | | | | | | | | ✓ |
| D. Crohn's disease | | | | | | | | | | | | | | | | | | | | ✓ |
| E. colon/rectal/intestinal cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| F. gall stones | | | | | | | | | | | | | | | | | | | | ✓ |
| G. hernia | | | | | | | | | | | | | | | | | | | | ✓ |
| H. irritable bowel syndrome | | | | | | | | | | | | | | | | | | | | ✓ |
| I. liver cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| J. other liver disease | | | | | | | | | | | | | | | | | | | | ✓ |
| K. pancreatic cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| L. pancreatitis | | | | | | | | | | | | | | | | | | | | ✓ |
| M. stomach cancer | | | | | | | | | | | | | | | | | | | | ✓ |
| N. ulcerative colitis | | | | | | | | | | | | | | | | | | | | ✓ |
| O. other | | | | | | | | | | | | | | | | | | | | ✓ |

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| Medical Problem | You | Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | No one | Comments | | |
|--|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|----------------------|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | | |
| 6. Renal | | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of the renal system | | | | | | | | | | | | | | | | | | | | ✓ | |
| B. cancer of the urinary tract | | | | | | | | | | | | | | | | | | | | ✓ | |
| C. other disease of urinary tract | | | | | | | | | | | | | | | | | | | | ✓ | |
| D. polycystic kidney disease | | | | | | | | | | | | | | | | | | | | ✓ | |
| E. kidney stones | | | | | ✓ | | | | | | | | | | | | | | | | diagnosed in his 20s |
| F. other kidney disease | | | | | | | | | | | | | | | | | | | | ✓ | |
| 7. Genital/Reproductive | | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of the reproductive system | | | | | | | | | | | | | | | | | | | | ✓ | |
| B. breast cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| C. cervical cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| D. hypospadias | | | | | | | | | | | | | | | | | | | | ✓ | |
| E. infertility | | | | | | | | | | | | | | | | | | | | ✓ | |
| F. ovarian cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| G. prostate cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| H. testicular cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| I. undescended testicle(s) | | | | | | | | | | | | | | | | | | | | ✓ | |
| J. uterine cancer | | | | | | | | | | | | | | | | | | | | ✓ | |
| K. other | | | | | | | | | | | | | | | | | | | | ✓ | |

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|---|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|--|--|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 8. Metabolic/Endocrine | | | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of the endocrine system | | | | | | | | | | | | | | | | | | | | ✓ | | |
| B. adrenal disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| C. diabetes mellitus | | | | | | | | | ✓ | | ✓ | | | | | | | | | | PGF diagnosed at age 60; non-insulin dependent paternal aunt diagnosed at age 55; non-insulin dependent | |
| D. Gaucher disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| E. metabolic disorder | | | | | | | | | | | | | | | | | | | | | ✓ | |
| F. parathyroid disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| G. pituitary disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| H. thyroid cancer | | | | | | | | | | | | | | | | | | | | | ✓ | |
| I. other thyroid disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| J. other | | | | | | | | | | | | | | | | | | | | | ✓ | |
| 9. Neurological | | | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of brain or spinal cord | | | | | | | | | | | | | | | | | | | | | ✓ | |
| B. Alzheimer's disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| C. attention deficit disorder | | | | | | | | | | | | | | | | | | | | | ✓ | |
| D. autism | | | | | | | | | | | | | | | | | | | | | ✓ | |
| E. brain or spinal cancer | | | | | | | | | | | | | | | | | | | | | ✓ | |
| F. Canavan disease | | | | | | | | | | | | | | | | | | | | | ✓ | |
| G. cerebral palsy | | | | | | | | | | | | | | | | | | | | | ✓ | |
| H. developmental delay | | | | | | | | | | | | | | | | | | | | | ✓ | |
| I. disorders of spinal cord | | | | | | | | | | | | | | | | | | | | | ✓ | |
| i. anencephaly | | | | | | | | | | | | | | | | | | | | | ✓ | |
| ii. spina bifida | | | | | | | | | | | | | | | | | | | | | ✓ | |

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| Medical Problem | You | Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | No one | Comments | | |
|------------------------------------|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|---|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 9. Neurological (continued) | | | | | | | | | | | | | | | | | | | | | |
| J. epilepsy or seizure disorder | | | | | | | | | | | | | | | | | | | | ✓ | |
| K. familial dysautonomia | | | | | | | | | | | | | | | | | | | | | ✓ |
| L. Huntington's disease | | | | | | | | | | | | | | | | | | | | | ✓ |
| M. hydrocephalus | | | | | | | | | | | | | | | | | | | | | ✓ |
| N. learning disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| O. migraine headaches | | | | | | | | | | | | | | | | | | | | | ✓ |
| P. mental retardation | | | | | | | | | | | | | | | | | | | | | ✓ |
| Q. movement disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| R. multiple sclerosis | | | | | | | | | | | | | | | | | | | | | ✓ |
| S. neurofibromatosis | | | | | | | | | | | | | | | | | | | | | ✓ |
| T. Niemann-Pick disease | | | | | | | | | | | | | | | | | | | | | ✓ |
| U. Parkinson's disease | | | | | | | | | | | | | | | | | | | | | ✓ |
| V. senility before age 50 | | | | | | | | | | | | | | | | | | | | | ✓ |
| W. speech delay or disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| X. Tourette Syndrome | | | | | | | | | | | | | | | | | | | | | ✓ |
| X. other | | | | | | | | | | | | | | | | | | | | | ✓ |
| 10. Mental health | | | | | | | | | | | | | | | | | | | | | |
| A. bipolar disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| B. obsessive compulsive disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| C. depression | | | | | | | | | | | | | | | | | | | | | ✓ |
| D. panic or anxiety disorder | | | | | | | | | | | | | | | | | | | | | ✓ |
| E. schizophrenia | | | | | | | | | | | | | | | | | | | | | ✓ |
| F. other | | | | | | | | | | | | | | | | | | | | | ✓ |

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|---|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|----------------------------------|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | |
| 11. Muscles/bones/joints | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of the skeletal system | | | | | | | | | | | | | | | | | | | | ✓ |
| B. arthritis | | | | | | | | | | | | | | | | | | | | ✓ |
| C. cleft lip and/or cleft palate | | | | | | | | | | | | | | | | | | | | ✓ |
| D. club foot | | | | | | | | | | | | | | | | | | | | ✓ |
| E. deformity of spine | | | | | | | | | | | | | | | | | | | | ✓ |
| F. dwarfism | | | | | | | | | | | | | | | | | | | | ✓ |
| G. gout | | | | | | | | | | | | | | | | | | | | ✓ |
| H. growth delay | | | | | | | | | | | | | | | | | | | | ✓ |
| I. lupus | | | | | | | | | | | | | | | | | | | | ✓ |
| J. muscular dystrophy | | | | | | | | | | | | | | | | | | | | ✓ |
| K. other chronic muscle disease | | | | | | | | | | | | | | | | | | | | ✓ |
| L. osteoporosis | | | | | | | | | | | | | | | | | | | | ✓ |
| M. other | | | | | | | | | | | | | | | | | | | | ✓ |
| 12. Sight/sound/smell | | | | | | | | | | | | | | | | | | | | |
| A. birth defect of sensory system(s) | | | | | | | | | | | | | | | | | | | | ✓ |
| B. deafness before age 60 | | | | | | | | | | | | | | | | | | | | ✓ |
| C. deformity of the ear | | | | | | | | | | | | | | | | | | | | ✓ |
| D. significant hearing loss | | | | | | | ✓ | | | | | | | | | | | | | developed in her 70s; unilateral |
| E. blindness | | | | | | | | | | | | | | | | | | | | ✓ |
| F. cataracts before age 50 | | | | | | | | | | | | | | | | | | | | ✓ |
| G. color vision deficiency | | | | | | | | | | | | | | | | | | | | ✓ |
| H. glaucoma | | | | | | | | | | | | | | | | | | | | ✓ |
| I. deviated septum | | | | | | | | | | | | | | | | | | | | ✓ |
| J. any other sight/sound/smell disorder | | | | | | | | | | | | | | | | | | | | ✓ |

If neither you nor any family members are affected by the medical problem listed, please place a check mark in the box in the far right column labeled "No One".

FAMILY MEDICAL HISTORY

Please use a checkmark to indicate which of the following medical problems you or one of your family members have had:

| Medical Problem | You | Mother | Father | Siblings | | Grandparents | | | | Aunts | | Uncles | | Maternal Cousins | | Paternal Cousins | | No one | Comments | | |
|---|-----|--------|--------|----------|---|--------------|-----|-----|-----|-------|-----|--------|-----|------------------|---|------------------|---|--------|----------|---|--|
| | | | | F | M | MGM | MGF | PGM | PGF | Mat | Pat | Mat | Pat | F | M | F | M | | | | |
| 13. Other | | | | | | | | | | | | | | | | | | | | | |
| A. alcoholism | | | | | | | | | | | | | | | | | | | | ✓ | |
| B. drug abuse or addiction | | | | | | | | | | | | | | | | | | | | ✓ | |
| C. non-cancerous growths or tumors | | | | | | | | | | | | | | | | | | | | ✓ | |
| D. cancer not mentioned above | | | | | | | | | | | | | | | | | | | | ✓ | |
| E. birth defect not mentioned above | | | | | | | | | | | | | | | | | | | | ✓ | |
| F. genetic disorder not mentioned above | | | | | | | | | | | | | | | | | | | | ✓ | |
| G. other condition not mentioned above | | | | | | | | | | | | | | | | | | | | ✓ | |

If neither you nor any family members are affected by the medical problem listed, please place a check mark in the box in the far right column labeled "No One".

Has anyone in your family, including yourself, experienced recurring and/or chronic symptoms that have not been evaluated by a physician?

No

Yes

If YES, please describe symptoms.

OTHER SIGNIFICANT MEDICAL HISTORY:

NONE

FAMILY HISTORY

Mother of Donor

| | | | |
|----------------------------|---------------------|---|--|
| Year of birth: <u>1952</u> | Height: <u>5'3"</u> | Weight: | Eye color: |
| | | <input type="radio"/> Thin | <input type="radio"/> Black |
| | | <input checked="" type="radio"/> Normal | <input checked="" type="radio"/> Brown |
| | | <input type="radio"/> Overweight | <input type="radio"/> Grey |
| | | <input type="radio"/> Obese | <input type="radio"/> Blue |
| | | | <input type="radio"/> Green |
| | | | <input type="radio"/> Hazel |

| | | |
|--|---------------------------------------|--|
| Natural hair color: | Natural hair texture: | Natural hair volume: |
| <input type="radio"/> Black | <input type="radio"/> Curly | <input type="radio"/> Thick |
| <input type="radio"/> Light brown | <input checked="" type="radio"/> Wavy | <input checked="" type="radio"/> Average |
| <input type="radio"/> Blond | <input type="radio"/> Straight | <input type="radio"/> Thin |
| <input type="radio"/> Dark brown | | <input type="radio"/> Balding |
| <input type="radio"/> Red brown | | |
| <input type="radio"/> Red | | |
| <input type="radio"/> Dark blond | | |
| <input type="radio"/> Strawberry blond | | |

Body frame size: Small Large Medium Very large

Vision: No need for corrective lenses Corrective lenses or surgery Other: _____

Ethnic origin:

- | | | |
|---|--|--|
| <input type="radio"/> Asian | <input checked="" type="radio"/> Caucasian | <input type="radio"/> Middle Eastern/Arabic |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> East Indian | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Mixed/Multi-Ethnic |

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- | | | | | |
|--|------------------------------------|--|--|---|
| <input type="checkbox"/> Dimples | <input type="checkbox"/> Full lips | <input type="checkbox"/> Thin eyebrows | <input type="checkbox"/> Straight nose | <input type="checkbox"/> Cleft chin |
| <input type="checkbox"/> High cheekbones | <input type="checkbox"/> Thin lips | <input type="checkbox"/> Large eyes | <input type="checkbox"/> Curved nose | <input type="checkbox"/> Other: <u>None</u> |

Occupation: administrative assistant - professional quilter/seamstress/instructor

Education (highest degree, subject): Bachelor of Arts

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Notable talents and interests: quilter; musician - piano, flute, song writing & singing.

How would you describe this person's personality? (select one ● per line)

- | | | | | | | |
|--------------|---|---|---|---|---|----------------|
| Optimistic | ● | ● | ● | ● | ● | Pessimistic |
| Assertive | ● | ● | ● | ● | ● | Accommodating |
| Outgoing | ● | ● | ● | ● | ● | Reserved |
| Trusting | ● | ● | ● | ● | ● | Skeptical |
| Self-reliant | ● | ● | ● | ● | ● | Group-oriented |
| Driven | ● | ● | ● | ● | ● | Relaxed |

When you think of this person, what words, ideas, and/or memories come to mind?

Sweet, artist, loving, caring, stable, happy. She's always been a supportive, caring, present mother.

FAMILY HISTORY

Father of Donor

| | | | |
|--|---------------------------------------|---|--|
| Year of birth: <u>1950</u> | Height: <u>5'10"</u> | Weight: | Eye color: |
| | | <input type="radio"/> Thin | <input type="radio"/> Black |
| | | <input checked="" type="radio"/> Normal | <input type="radio"/> Grey |
| | | <input type="radio"/> Overweight | <input type="radio"/> Green |
| | | <input type="radio"/> Obese | <input checked="" type="radio"/> Brown |
| | | | <input type="radio"/> Blue |
| | | | <input type="radio"/> Hazel |
| Natural hair color: | Natural hair texture: | Natural hair volume: | |
| <input type="radio"/> Black | <input type="radio"/> Curly | <input type="radio"/> Thick | <input checked="" type="radio"/> Average |
| <input type="radio"/> Light brown | <input checked="" type="radio"/> Wavy | <input type="radio"/> Thin | <input type="radio"/> Balding |
| <input type="radio"/> Blond | <input type="radio"/> Straight | | |
| <input type="radio"/> Dark brown | | | |
| <input type="radio"/> Red brown | | | |
| <input type="radio"/> Dark blond | | | |
| <input checked="" type="radio"/> Brown | | | |
| <input type="radio"/> Red | | | |
| <input type="radio"/> Strawberry blond | | | |

Body frame size: Small Large Medium Very large

Vision: No need for corrective lenses Corrective lenses or surgery Other: _____

Ethnic origin:

- Asian
- American Indian/Alaska Native
- Black/African American
- Caucasian
- East Indian
- Hispanic/Latino
- Middle Eastern/Arabic
- Native Hawaiian/Pacific Islander
- Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair
- Fair
- Medium
- Dark
- Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples
- Full lips
- Thin eyebrows
- Straight nose
- Cleft chin
- High cheekbones
- Thin lips
- Large eyes
- Curved nose
- Other: None

Occupation: Human Resource Director

Education (highest degree, subject): Master of Business Administration

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Notable talents and interests: car enthusiast, charity worker, religious/spiritual

How would you describe this person's personality? (select one ● per line)

- Optimistic ●-----●-----●-----●-----● Pessimistic
- Assertive ●-----●-----●-----●-----● Accommodating
- Outgoing ●-----●-----●-----●-----● Reserved
- Trusting ●-----●-----●-----●-----● Skeptical
- Self-reliant ●-----●-----●-----●-----● Group-oriented
- Driven ●-----●-----●-----●-----● Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Considerate, enthusiast, caring, supportive. My dad has always been very supportive of my life choices and goals, helping in any way he can to help make my life great.

FAMILY HISTORY

Sister of Donor

- Full sibling
- Maternal half sibling
- Paternal half sibling
- None

Year of birth: 1983 Height: 5'7"

Weight: Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Black Light brown Blond Dark brown Red brown Dark blond Brown Red Strawberry blond

Natural hair texture: Curly Wavy Straight

Natural hair volume: Thick Average Thin Balding

- Body frame size: Small Large Medium Very large
- Vision: No need for corrective lenses Other: _____
 Corrective lenses or surgery

Ethnic origin:

- Asian
- American Indian/Alaska Native
- Black/African American
- Caucasian
- East Indian
- Hispanic/Latino
- Middle Eastern/Arabic
- Native Hawaiian/Pacific Islander
- Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair
- Fair
- Medium
- Dark
- Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples
- Full lips
- Thin eyebrows
- Straight nose
- Cleft chin
- High cheekbones
- Thin lips
- Large eyes
- Curved nose
- Other: None

Occupation: sales - corporate internal sales

Education (highest degree, subject): Bachelor of Arts - Media & Art

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: _____ Number of male children: _____

Notable talents and interests: sculpture, yoga, health

How would you describe this person's personality? (select one per line)

- Optimistic _____ _____ _____ _____ _____ Pessimistic
- Assertive _____ _____ _____ _____ _____ Accommodating
- Outgoing _____ _____ _____ _____ _____ Reserved
- Trusting _____ _____ _____ _____ _____ Skeptical
- Self-reliant _____ _____ _____ _____ _____ Group-oriented
- Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Positive, powerful, admirable and caring. My sister is awesome. We have a very supportive, close relationship

FAMILY HISTORY

Maternal Grandmother of Donor

Year of birth: 1924 Height: 5'9" Weight: Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large Medium Very large Vision: No need for corrective lenses Corrective lenses or surgery Other: _____

Ethnic origin:

- Asian Caucasian Middle Eastern/Arabic
- American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
- Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples Full lips Thin eyebrows Straight nose Cleft chin
 High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: housewife

Education (highest degree, subject): not sure

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Notable talents and interests: quilting, cooking, reading, writing

How would you describe this person's personality? (select one ● per line)

- Optimistic ●————○————○————○————○————○ Pessimistic
- Assertive ●————●————○————○————○————○ Accommodating
- Outgoing ●————○————○————○————○————○ Reserved
- Trusting ●————○————○————○————○————○ Skeptical
- Self-reliant ●————○————○————○————○————○ Group-oriented
- Driven ●————●————○————○————○————○ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Sweet, fun, cheerful. Both my grandmothers have always been very sweet and festive people.

FAMILY HISTORY

Maternal Grandfather of Donor

Year of birth: 1924 Height: 5'10" Weight: Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- Asian Caucasian Middle Eastern/Arabic
- American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
- Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples Full lips Thin eyebrows Straight nose Cleft chin
- High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: Navy- aeronautic engineer

Education (highest degree, subject): Bachelor of Science

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: lung cancer, 75

Notable talents and interests: Weather science, inventor, musician (accordion, harmonica)

How would you describe this person's personality? (select one ● per line)

- Optimistic ● ————— ● ————— ● ————— ● ————— ● ————— ● Pessimistic
- Assertive ● ————— ● ————— ● ————— ● ————— ● ————— ● Accommodating
- Outgoing ● ————— ● ————— ● ————— ● ————— ● ————— ● Reserved
- Trusting ● ————— ● ————— ● ————— ● ————— ● ————— ● Skeptical
- Self-reliant ● ————— ● ————— ● ————— ● ————— ● ————— ● Group-oriented
- Driven ● ————— ● ————— ● ————— ● ————— ● ————— ● Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Musical, playful, mature, seasoned. My grandfather was a peaceful sailor in the Navy and a cheerful musician. Very fun to be around.

FAMILY HISTORY

Paternal Grandfather of Donor

| | | | |
|--|---|---|--|
| Year of birth: <u>1922</u> | Height: <u>6'0"</u> | Weight: | Eye color: |
| | | <input type="radio"/> Thin | <input type="radio"/> Black |
| | | <input type="radio"/> Normal | <input type="radio"/> Brown |
| | | <input checked="" type="radio"/> Overweight | <input type="radio"/> Grey |
| | | <input type="radio"/> Obese | <input type="radio"/> Blue |
| | | | <input type="radio"/> Green |
| | | | <input type="radio"/> Hazel |
| Natural hair color: | Natural hair texture: | Natural hair volume: | |
| <input type="radio"/> Black | <input type="radio"/> Curly | <input type="radio"/> Thick | <input checked="" type="radio"/> Average |
| <input type="radio"/> Light brown | <input type="radio"/> Wavy | <input type="radio"/> Thin | <input type="radio"/> Balding |
| <input type="radio"/> Blond | <input checked="" type="radio"/> Straight | | |
| <input type="radio"/> Dark brown | | | |
| <input type="radio"/> Red brown | | | |
| <input type="radio"/> Brown | | | |
| <input type="radio"/> Red | | | |
| <input type="radio"/> Dark blond | | | |
| <input type="radio"/> Strawberry blond | | | |

Body frame size: Small Large Medium Very large

Vision: No need for corrective lenses Corrective lenses or surgery Other: _____

Ethnic origin:

| | | |
|---|--|--|
| <input type="radio"/> Asian | <input checked="" type="radio"/> Caucasian | <input type="radio"/> Middle Eastern/Arabic |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> East Indian | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Mixed/Multi-Ethnic |

Relative to ethnic origin, how would you describe this person's complexion?

Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

| | | | | |
|--|------------------------------------|--|--|---|
| <input type="checkbox"/> Dimples | <input type="checkbox"/> Full lips | <input type="checkbox"/> Thin eyebrows | <input type="checkbox"/> Straight nose | <input type="checkbox"/> Cleft chin |
| <input type="checkbox"/> High cheekbones | <input type="checkbox"/> Thin lips | <input type="checkbox"/> Large eyes | <input type="checkbox"/> Curved nose | <input type="checkbox"/> Other: <u>None</u> |

Occupation: sales

Education (highest degree, subject): Bachelor of Science - Business

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: passed of leukemia, 73

Notable talents and interests: charity, Knights of Columbus, family gatherings

How would you describe this person's personality? (select one ● per line)

| | | | | | | | |
|--------------|---|---|---|---|---|---|----------------|
| Optimistic | ● | ○ | ○ | ○ | ○ | ○ | Pessimistic |
| Assertive | ● | ○ | ○ | ○ | ○ | ○ | Accommodating |
| Outgoing | ● | ○ | ○ | ○ | ○ | ○ | Reserved |
| Trusting | ● | ○ | ○ | ○ | ○ | ○ | Skeptical |
| Self-reliant | ● | ○ | ○ | ○ | ○ | ○ | Group-oriented |
| Driven | ● | ○ | ○ | ○ | ○ | ○ | Relaxed |

When you think of this person, what words, ideas, and/or memories come to mind?

Santa Claus, so friendly. Generous, warm and happy.

FAMILY HISTORY

Maternal Aunt of Donor

Full aunt Half aunt None

Year of birth: 1950 Height: 5'4"

Weight: Eye color:

Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- Asian Caucasian Middle Eastern/Arabic
- American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
- Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

Dimples Full lips Thin eyebrows Straight nose Cleft chin
 High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: business administration

Education (highest degree, subject): Bachelor of Science - Business

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 2 Number of male children: 0

Notable talents and interests: writing

How would you describe this person's personality? (select one per line)

Optimistic _____ _____ _____ _____ _____ Pessimistic

Assertive _____ _____ _____ _____ _____ Accommodating

Outgoing _____ _____ _____ _____ _____ Reserved

Trusting _____ _____ _____ _____ _____ Skeptical

Self-reliant _____ _____ _____ _____ _____ Group-oriented

Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Clear, warm, strong, fun, light-hearted.

FAMILY HISTORY

Maternal Aunt of Donor

Full aunt Half aunt None

Year of birth: 1961 Height: 5'3"

Weight: Eye color:

Thin Overweight Black Grey Green

Normal Obese Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light brown Blond Curly Thick Average

Dark brown Red brown Dark blond Wavy Thin Balding

Brown Red Strawberry blond Straight

Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- Asian Caucasian Middle Eastern/Arabic
- American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
- Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

Dimples Full lips Thin eyebrows Straight nose Cleft chin

High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: human resources

Education (highest degree, subject): Bachelor of Science - Business

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 0 Number of male children: 2

Notable talents and interests: family oriented activities

How would you describe this person's personality? (select one per line)

Optimistic _____ _____ _____ _____ _____ _____ Pessimistic

Assertive _____ _____ _____ _____ _____ _____ Accommodating

Outgoing _____ _____ _____ _____ _____ _____ Reserved

Trusting _____ _____ _____ _____ _____ _____ Skeptical

Self-reliant _____ _____ _____ _____ _____ _____ Group-oriented

Driven _____ _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Always friendly and funny.

FAMILY HISTORY

Maternal Aunt of Donor

Full aunt Half aunt None

Year of birth: 1963 Height: 5'6"

Weight: Eye color:

Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- Asian
- American Indian/Alaska Native
- Black/African American
- Caucasian
- East Indian
- Hispanic/Latino
- Middle Eastern/Arabic
- Native Hawaiian/Pacific Islander
- Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples Full lips Thin eyebrows Straight nose Cleft chin
 High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: architect

Education (highest degree, subject): Master of Arts - Architecture

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: _____ Number of male children: _____

Notable talents and interests: website construction, comedy

How would you describe this person's personality? (select one per line)

- Optimistic _____ _____ _____ _____ _____ Pessimistic
- Assertive _____ _____ _____ _____ _____ Accommodating
- Outgoing _____ _____ _____ _____ _____ Reserved
- Trusting _____ _____ _____ _____ _____ Skeptical
- Self-reliant _____ _____ _____ _____ _____ Group-oriented
- Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

This aunt in particular is hilarious and very thoughtful, funny and fun to be with.

FAMILY HISTORY

Maternal Uncle of Donor

Full uncle Half uncle None

Year of birth: 1947 Height: 5'10" Weight: Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large Medium Very large Vision: No need for corrective lenses Other: _____
 Corrective lenses or surgery

Ethnic origin:

- Asian
- American Indian/Alaska Native
- Black/African American
- Caucasian
- East Indian
- Hispanic/Latino
- Middle Eastern/Arabic
- Native Hawaiian/Pacific Islander
- Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?
 Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

Dimples Full lips Thin eyebrows Straight nose Cleft chin
 High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: finances - accountant

Education (highest degree, subject): Master of Arts - Business/Finance

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 1 Number of male children: 1

Notable talents and interests: brilliant mathematician, studied martial arts.

How would you describe this person's personality? (select one per line)

Optimistic _____ Pessimistic
Assertive _____ Accommodating
Outgoing _____ Reserved
Trusting _____ Skeptical
Self-reliant _____ Group-oriented
Driven _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

Memories of family reunions spent talking about the martial art Akido, as well as Taoism.

FAMILY HISTORY

Maternal Uncle of Donor

Full uncle Half uncle None

Year of birth: 1966 Height: 6'2" Weight: Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

Body frame size: Small Large Medium Very large Vision: No need for corrective lenses Other: _____
 Corrective lenses or surgery

Ethnic origin:

- Asian
- American Indian/Alaska Native
- Black/African American
- Caucasian
- East Indian
- Hispanic/Latino
- Middle Eastern/Arabic
- Native Hawaiian/Pacific Islander
- Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples Full lips Thin eyebrows Straight nose Cleft chin
- High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: radar technician

Education (highest degree, subject): Masters in Engineering

If living, please describe this person's health:

- Excellent (minor problems typical for age group)
- Good (average health for age)
- Fair (has several serious medical problems)
- Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: _____ Number of male children: _____

Notable talents and interests: martial arts

How would you describe this person's personality? (select one per line)

- Optimistic _____ _____ _____ _____ _____ Pessimistic
- Assertive _____ _____ _____ _____ _____ Accommodating
- Outgoing _____ _____ _____ _____ _____ Reserved
- Trusting _____ _____ _____ _____ _____ Skeptical
- Self-reliant _____ _____ _____ _____ _____ Group-oriented
- Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

playfulness, serenity

FAMILY HISTORY

Paternal Aunt of Donor

Full aunt Half aunt None

| | | | |
|--|-----------------------------------|--|---|
| Year of birth: <u>1941</u> | Height: <u>5'8"</u> | Weight: | Eye color: |
| | | <input type="radio"/> Thin <input checked="" type="radio"/> Overweight | <input type="radio"/> Black <input type="radio"/> Grey <input type="radio"/> Green |
| | | <input type="radio"/> Normal <input type="radio"/> Obese | <input checked="" type="radio"/> Brown <input type="radio"/> Blue <input type="radio"/> Hazel |
| Natural hair color: | | Natural hair texture: | Natural hair volume: |
| <input type="radio"/> Black | <input type="radio"/> Light brown | <input type="radio"/> Blond | <input type="radio"/> Thick <input checked="" type="radio"/> Average |
| <input type="radio"/> Dark brown | <input type="radio"/> Red brown | <input type="radio"/> Dark blond | <input type="radio"/> Thin <input type="radio"/> Balding |
| <input checked="" type="radio"/> Brown | <input type="radio"/> Red | <input type="radio"/> Strawberry blond | <input type="radio"/> Straight |

Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- | | | |
|---|--|--|
| <input type="radio"/> Asian | <input checked="" type="radio"/> Caucasian | <input type="radio"/> Middle Eastern/Arabic |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> East Indian | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Mixed/Multi-Ethnic |

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- | | | | | |
|--|------------------------------------|--|--|---|
| <input type="checkbox"/> Dimples | <input type="checkbox"/> Full lips | <input type="checkbox"/> Thin eyebrows | <input type="checkbox"/> Straight nose | <input type="checkbox"/> Cleft chin |
| <input type="checkbox"/> High cheekbones | <input type="checkbox"/> Thin lips | <input type="checkbox"/> Large eyes | <input type="checkbox"/> Curved nose | <input type="checkbox"/> Other: <u>None</u> |

Occupation: housewife

Education (highest degree, subject): Bachelor of Arts - Communications

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
 Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 1 Number of male children: 2

Notable talents and interests: homemaking activities

How would you describe this person's personality? (select one per line)

- | | | | | | | | |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
| Optimistic <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pessimistic |
| Assertive <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Accommodating |
| Outgoing <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Reserved |
| Trusting <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Skeptical |
| Self-reliant <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Group-oriented |
| Driven <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Relaxed |

When you think of this person, what words, ideas, and/or memories come to mind?

welcoming, warm, friendly, loving

FAMILY HISTORY

Paternal Uncle of Donor

- Full uncle
 Half uncle
 None

Year of birth: 1948 Height: 6'2
 Weight: Eye color:

Thin Overweight Black Grey Green
 Normal Obese Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light brown Blond Curly Thick Average
 Dark brown Red brown Dark blond Wavy Thin Balding
 Brown Red Strawberry blond Straight

- Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

- Ethnic origin:
- Asian Caucasian Middle Eastern/Arabic
 American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
 Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

Dimples Full lips Thin eyebrows Straight nose Cleft chin
 High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: finance/accountant

Education (highest degree, subject): Master of Business Administration - Business Finance

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
 Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 1 Number of male children: 1

Notable talents and interests: church activities

How would you describe this person's personality? (select one per line)

Optimistic _____ _____ _____ _____ _____ Pessimistic
 Assertive _____ _____ _____ _____ _____ Accommodating
 Outgoing _____ _____ _____ _____ _____ Reserved
 Trusting _____ _____ _____ _____ _____ Skeptical
 Self-reliant _____ _____ _____ _____ _____ Group-oriented
 Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

friendly, caring, generous with attention and energy

FAMILY HISTORY

Paternal Uncle of Donor

Full uncle Half uncle None

Year of birth: 1957 Height: 6'1"

Weight: Eye color:

Thin Overweight Black Grey Green

Normal Obese Brown Blue Hazel

Natural hair color: Natural hair texture: Natural hair volume:

Black Light brown Blond Curly Thick Average

Dark brown Red brown Dark blond Wavy Thin Balding

Brown Red Strawberry blond Straight

Body frame size: Small Large Vision: No need for corrective lenses Other: _____
 Medium Very large Corrective lenses or surgery

Ethnic origin:

- Asian Caucasian Middle Eastern/Arabic
- American Indian/Alaska Native East Indian Native Hawaiian/Pacific Islander
- Black/African American Hispanic/Latino Mixed/Multi-Ethnic

Relative to ethnic origin, how would you describe this person's complexion?

- Very fair Fair Medium Dark Very dark

Does this person have any Jewish ancestry? No Ashkenazi Sephardic Other: _____

Distinguishing features: (check all that apply)

- Dimples Full lips Thin eyebrows Straight nose Cleft chin
- High cheekbones Thin lips Large eyes Curved nose Other: None

Occupation: corporate sales

Education (highest degree, subject): Master of Business Administration

If living, please describe this person's health:

- Excellent (minor problems typical for age group) Fair (has several serious medical problems)
- Good (average health for age) Poor (needs constant nursing care)

If deceased, please give cause and age at time of death: _____

Children? No Yes Number of female children: 2 Number of male children: 0

Notable talents and interests: outdoor activities, camping, gaming, hunting

How would you describe this person's personality? (select one per line)

- Optimistic _____ _____ _____ _____ _____ Pessimistic
- Assertive _____ _____ _____ _____ _____ Accommodating
- Outgoing _____ _____ _____ _____ _____ Reserved
- Trusting _____ _____ _____ _____ _____ Skeptical
- Self-reliant _____ _____ _____ _____ _____ Group-oriented
- Driven _____ _____ _____ _____ _____ Relaxed

When you think of this person, what words, ideas, and/or memories come to mind?

family, fun, outdoors