



HOUSTON
FERTILITY
INSTITUTE

Donor Profile: HFI - 345

Biographical Information

First Name or Alias:	HFI-345
Age	1987
Race:	CAUCASIAN
Ethnic Origin:	NATIVE AMERICAN
Height:	5'4"
Weight:	140-150
Natural Hair:	BROWN
Eye Color:	BROWN
Body Build:	MEDIUM
Skin Tone:	MEDIUM
Vision:	NORMAL
Hearing:	NORMAL
Number of Children:	1
Number of Pregnancies	1

Donor Screening/Testing Report

Donor Number: HFI#343
Donation Key: 56ADFF
Client Name: Houston Fertility Institute - Anonymous
Tissue Type: Oocytes
Completion Date: 4/1/2009

Question	Response	Category
What is your height?	5'4"	Acceptable
What is your weight?	140-150 pounds	Acceptable
What is your eye color?	Brown	Acceptable
What is your natural hair color?	Brown	Acceptable
What is your hair type?	Straight	Acceptable
What is your hair texture?	Average	Acceptable
What is your skin color?	Medium	Acceptable
What is your body frame?	Medium	Acceptable
Are you right handed or left handed?	Right	Acceptable
What is your ethnic background (The country where your family is originally from)? If multiple responses, select other	Native American	Acceptable
Note: Irish, German, and Native American		
What is your race? If multiple responses, select other	Caucasian	Acceptable
What is your religious background?	Christian	Acceptable
How many children do you have?	1	Acceptable
Do you have any adopted children?	No	Acceptable
Were you in a gifted program in elementary school?	No	Acceptable
Did you graduate from high school?	Yes	Acceptable
Were you enrolled in any advanced classes?	Yes	Acceptable
Note: All classes in high school were college prep or honors		
What was your high school GPA?	3.5-4.0	Acceptable
Were you a member of any Honor Societies, Academic Distinctions, etc.?	No	Acceptable
Note: ok		
Did you attend a college or university?	No	Acceptable
How many years did you attend?	N/A - I did not attend college	Acceptable
What was your major?	N/A - I did not attend college	Acceptable
Note: ok		
What was your GPA?	3.5-4.0	Acceptable
Were you a member of any social clubs in college?	No	Acceptable
Do you plan to pursue / or are you now pursuing an advanced degree?	Yes	Acceptable
Note: I plan to go back to school in the near future		
Do you have any further educational plans / goals?	Yes	Acceptable
Note: Obtain a degree in business management and possibly open my own marketing business		
What language, other than English, do you or your family speak or write?	None	Acceptable
Have twins or multiple births occurred in your family?	No	Acceptable
Do any of your children have health problems?	No	Acceptable
Pregnancy History	No	Acceptable
Did you have difficulty conceiving?		

Have you had a miscarriage, abortion or stillbirth?	No	Acceptable
Are you of Jewish or Cajun / French Ancestry? <i>If yes, have you ever been tested for Tay-Sachs disease?</i>	No I am not of this ancestry	Acceptable
Are you of African Ancestry? <i>If yes, have you ever been tested for sickle cell disease?</i>	No I am not of this ancestry	Acceptable
Are you Caucasian? <i>If yes, have you ever been tested for Cystic Fibrosis?</i>	Yes - I am of this ancestry but I have never been tested	Acceptable
Are you of Italian / Greek Ancestry? <i>If yes, have you ever been tested for Thalassemia?</i>	No I am not of this ancestry	Acceptable
Have you or any of your immediate family (parents, grandparents, sibling, and children) ever had any of the following?	No	Acceptable
Allergies / Asthma		
Emphysema	No	Acceptable
Hypo or Hyper-Thyroid	No	Acceptable
Chronic Bronchitis	No	Acceptable
Liver Disease	No	Acceptable
Diabetes	No	Acceptable
Kidney Problems	No	Acceptable
Psychological Disorders	No	Acceptable
Epilepsy / Convulsions	No	Acceptable
Heart Disease	No	Acceptable
Eye Disease / Retinal Blastoma	No	Acceptable
Lung Disease	No	Acceptable
Mental Retardation (or Fragile X syndrome)	No	Acceptable
Cancer	No	Acceptable
Deafness (birth or childhood)	No	Acceptable
Cataracts / Glaucoma	No	Acceptable
Blindness or Crossed Eyes	No	Acceptable
Glasses or Contacts	Yes	Acceptable
Note: dad		
Color Blindness	No	Acceptable
Heart Attack	No	Acceptable
Hepatitis (A, B or C)	No	Acceptable
Alzheimer's Disease	No	Acceptable
Cleft Palate / Lip	No	Acceptable
Multiple Sclerosis	No	Acceptable
Down's Syndrome	No	Acceptable
Heart Murmur	No	Acceptable
Birth Deformities	No	Acceptable
Tay-Sachs (or carry a mutation)	No	Acceptable
Stroke	No	Acceptable
Hemophilia	No	Acceptable
Anemia	No	Acceptable
Sickle Cell Anemia	No	Acceptable
HIV or AIDS	No	Acceptable
Leukemia	No	Acceptable
Skin Disorders	No	Acceptable
Spinal Bifida	No	Acceptable
Cerebral Palsy	No	Acceptable
Muscular Dystrophy	No	Acceptable
Hyperactivity	No	Acceptable
Arthritis	No	Acceptable
Note: ok		
Dwarfism	No	Acceptable

Cystic Fibrosis (or carrier status)	No	Acceptable
Alcoholism (more than two family members)	No	Acceptable
Learning Disability	No	Acceptable
High Blood Pressure	No	Acceptable
Nervous Breakdown	No	Acceptable
Migraines	No	Acceptable
Hysterectomy	No	Acceptable
Mother's age	40-50 years old	Acceptable
Mother's height	5'4"	Acceptable
Mother's weight	141-150 pounds	Acceptable
Mother's eye color	Green	Acceptable
Mother's hair color	Blonde	Acceptable
Father's age	51-60 years old	Acceptable
Father's height	5'9"	Acceptable
Father's weight	171-180 pounds	Acceptable
Father's eye color	Brown	Acceptable
Father's hair color	Brown	Acceptable
Maternal grandmother's age	71-80 years old	Acceptable
Maternal grandmother's eye color	Green	Acceptable
Maternal grandmother's hair color	Blonde	Acceptable
Maternal grandfather's age	71-80 years old	Acceptable
Maternal grandfather's eye color	Brown	Acceptable
Maternal grandfather's hair color	Red	Acceptable
Paternal grandmother's age	71-80 years old	Acceptable
Paternal grandmother's eye color	Brown	Acceptable
Paternal grandmother's hair color	Brown	Acceptable
Paternal grandfather's age	71-80 years old	Acceptable
Paternal grandfather's eye color	Brown	Acceptable
Paternal grandfather's hair color	Brown	Acceptable
Your child's age	Less than 1 year old	Acceptable
Your child's eye color	Hazel	Acceptable
Your child's hair color	Blonde	Acceptable
Your child's age	N/A	Acceptable
Note: ok		
Your child's eye color	N/A	Acceptable
Note: ok		
Your child's hair color	N/A	Acceptable
Note: ok		
Do you have any other children?	No	Acceptable
Your sibling's age	10-21 years old	Acceptable
Your sibling's height	5'9"	Acceptable
Your sibling's weight	161-170 pounds	Acceptable
Your sibling's eye color	Hazel	Acceptable
Your sibling's hair color	Brown	Acceptable
Your sibling's age	N/A	Acceptable
Note: ok		
Your sibling's height	N/A	Acceptable
Note: ok		
Your sibling's weight	N/A	Acceptable
Note: ok		

Your sibling's eye color Note: ok	N/A	Acceptable
Your sibling's hair color Note: ok	N/A	Acceptable
Do you have any other siblings?	No	Acceptable
Are you more introverted or extroverted? Note: happy go-lucky person, always smiling	Extroverted	Acceptable
Are you more analytical or impulsive? Note: Think things through before doing something	Analytical	Acceptable
Are you more intuitive or logical?	Logical	Acceptable
Are you more emotional or rational?	Rational	Acceptable
Are you more of a loner / small circle of friends or very people oriented?	Very People Oriented	Acceptable

Signed By
Donor 56ADPF
Theresa Azar

Screening Status
Complete
Updated

Signature Date
4/1/2009 12:23:58 PM
4/1/2009 3:03:32 PM