

## MEDICAL HISTORY

Donor Code - 152062

### General Data:

Did you take part in an egg donation program before? Yes

Have you ever had a miscarriage? No

If yes, when did it occur? -

Have you ever had an abortion? No

If yes, when did it occur? -

Have you ever had a missed miscarriage? No

If yes, when did it occur? -

Have you ever had a stillbirth? No

If yes, when did it occur? -

Have you ever had a Cesarean section? No

If yes, when did it occur? -

Were all your childbirths in time? Yes

Are you currently breastfeeding? No

Please complete information about your children in the table below:

| Child's Sex | Child's Year of Birth | Height and Weight at Birth |
|-------------|-----------------------|----------------------------|
| Female      | 2013                  | 3750 g and 52 cm           |
| Female      | 2014                  | 3200 g and 48 cm           |
| Male        | 2016                  | 3200 g and 52 cm           |

### Personal Health Data:

Do you currently have any allergies? Ye

Describe your vision (without glasses) Good

Are you currently wearing glasses or contact lenses? No

If yes, at what age did you start wearing glasses or contact lenses? -

Have you ever had corrective laser surgery? No

What is the condition of your teeth? Good

Are you a vegetarian? No

Do you have tattoos? Yes

If yes, how many? 1

Have you ever had any surgical interventions? No

Have you ever had any broken bones? No

Have you ever smoked cigarettes? Yes

Are you currently smoking? No

How often do you drink alcoholic beverages? Not often

Have you ever used drugs? No

Have you ever been in a relationship with a partner who used or might have used drugs? No

### Reproductive and Sexual Life Data:

At what age did you have your first period? 14 years old

Is your period regular? Yes

An average interval between your periods 28-30 days

Do you feel any pain or cramps during your period? Yes

Do you have any bleeding between your periods? No

Do you have any nipple discharge? No

Is there any case of twins or other multiple births in your family? No

If yes, please specify it -

What is your sexual orientation? Traditional

What method of contraception do you currently use? No contraception

Are you currently sexually active? No

Is your relationship monogamous? Yes

How many partners did you have in the past year? 1

### Family Background:

Describe the health condition or cause of death of all family members:

Biological mother: healthy

Biological father: healthy

Biological maternal grandmother: healthy

Biological maternal grandfather: Don't know

Biological paternal grandmother: Don't know

Biological paternal grandfather: Don't know

### Medical History:

Specify if you, your grandparents, parents, siblings or children have had or have any of the medical conditions mentioned below.

| Diseases                  | Donor  |      | Family members |     |      |
|---------------------------|--------|------|----------------|-----|------|
|                           | Yes/No | When | Yes/No         | Who | When |
| <b>Heart Diseases</b>     |        |      |                |     |      |
| Stroke                    | No     | -    | No             | -   |      |
| Heart attack              | No     | -    | No             | -   |      |
| Heart murmur              | No     | -    | No             | -   |      |
| Hardening of the arteries | No     | -    | No             | -   |      |
| High blood pressure       | No     | -    | No             | -   |      |
| <b>Blood Diseases</b>     |        |      |                |     |      |
| Anaemia                   | No     | -    | No             | -   |      |
| Sickle cell anaemia       | No     | -    | No             | -   |      |

|                                       |    |   |    |   |  |
|---------------------------------------|----|---|----|---|--|
| Haemophilia or other bleeding problem | No | - | No | - |  |
| Leukaemia                             | No | - | No | - |  |
| Immune deficiency                     | No | - | No | - |  |
| Von Willebrand disease                | No | - | No | - |  |
| Gaucher's disease                     | No | - | No | - |  |
| Blood clot                            | No | - | No | - |  |
| Thalassemia                           | No | - | No | - |  |
| <b>Respiratory Diseases</b>           |    |   |    |   |  |
| Asthma                                | No | - | No | - |  |
| Emphysema                             | No | - | No | - |  |
| Tuberculosis                          | No | - | No | - |  |
| Lung cancer                           | No | - | No | - |  |
| Pneumonia                             | No | - | No | - |  |
| Cystic fibrosis                       | No | - | No | - |  |
| <b>Gastrointestinal Diseases</b>      |    |   |    |   |  |
| Ulcer of stomach or duodenum          | No | - | No | - |  |
| Gallstones                            | No | - | No | - |  |
| Hepatitis A                           | No | - | No | - |  |
| Hepatitis B                           | No | - | No | - |  |
| Hepatitis C                           | No | - | No | - |  |

|                              |    |   |    |   |  |
|------------------------------|----|---|----|---|--|
| Ulcerative colitis           | No | - | No | - |  |
| Crohn's disease              | No | - | No | - |  |
| Intestinal cancer            | No | - | No | - |  |
| Cirrhosis                    | No | - | No | - |  |
| Pyloric stenosis             | No | - | No | - |  |
| <b>Endocrine Diseases</b>    |    |   |    |   |  |
| Diabetes mellitus            | No | - | No | - |  |
| Hypoglycaemia                | No | - | No | - |  |
| Thyroid disease              | No | - | No | - |  |
| Thyroid cancer               | No | - | No | - |  |
| Goitre                       | No | - | No | - |  |
| Adrenal dysfunction          | No | - | No | - |  |
| Phenylketonuria              | No | - | No | - |  |
| <b>Urinary Diseases</b>      |    |   |    |   |  |
| Kidney disease               | No | - | No | - |  |
| Kidney stones                | No | - | No | - |  |
| <b>Reproductive Diseases</b> |    |   |    |   |  |
| Infertility                  | No | - | No | - |  |
| Undescended testicle         | No | - | No | - |  |
| Hypospadias                  | No | - | No | - |  |
| Prostate cancer              | No | - | No | - |  |

|                              |    |   |    |   |  |
|------------------------------|----|---|----|---|--|
| Uterine fibroids             | No | - | No | - |  |
| Endometriosis                | No | - | No | - |  |
| Cervical cancer              | No | - | No | - |  |
| Ovarian cancer               | No | - | No | - |  |
| Ovarian cysts                | No | - | No | - |  |
| Uterine cancer               | No | - | No | - |  |
| Breast cancer                | No | - | No | - |  |
| Spontaneous abortion         | No | - | No | - |  |
| Miscarriage                  | No | - | No | - |  |
| Stillbirth                   | No | - | No | - |  |
| Rectal disorder              | No | - | No | - |  |
| Premature menopause          | No | - | No | - |  |
| Hermaphroditism              | No | - | No | - |  |
| <b>Neurological Diseases</b> |    |   |    |   |  |
| Migraines                    | No | - | No | - |  |
| Mental retardation           | No | - | No | - |  |
| Down's syndrome              | No | - | No | - |  |
| Turner's syndrome            | No | - | No | - |  |
| Fragile X                    | No | - | No | - |  |
| Multiple sclerosis           | No | - | No | - |  |

|                                 |    |   |    |   |  |
|---------------------------------|----|---|----|---|--|
| Cerebral palsy                  | No | - | No | - |  |
| Epilepsy, seizures              | No | - | No | - |  |
| Hydrocephalus                   | No | - | No | - |  |
| Spinal cord disorder            | No | - | No | - |  |
| Huntington's chorea             | No | - | No | - |  |
| Canavan's disease               | No | - | No | - |  |
| Tay-Sachs disease               | No | - | No | - |  |
| Wilson's disease                | No | - | No | - |  |
| Parkinson's disease             | No | - | No | - |  |
| Alzheimer's disease             | No | - | No | - |  |
| <b>Mental Diseases</b>          |    |   |    |   |  |
| Schizophrenia                   | No | - | No | - |  |
| Depression                      | No | - | No | - |  |
| Suicide                         | No | - | No | - |  |
| Mentally handicap               | No | - | No | - |  |
| Tourette's syndrome             | No | - | No | - |  |
| Bipolar disorder                | No | - | No | - |  |
| <b>Musculoskeletal Diseases</b> |    |   |    |   |  |
| Muscular dystrophy              | No | - | No | - |  |
| Lupus                           | No | - | No | - |  |

|                                   |    |   |    |   |  |
|-----------------------------------|----|---|----|---|--|
| Deformity of spine / Spina bifida | No | - | No | - |  |
| Osteoporosis                      | No | - | No | - |  |
| Dwarfism                          | No | - | No | - |  |
| Rheumatoid arthritis              | No | - | No | - |  |
| Osteoarthritis                    | No | - | No | - |  |
| Gout                              | No | - | No | - |  |
| Cleft palate / Cleft lip          | No | - | No | - |  |
| Marfan syndrome                   | No | - | No | - |  |
| <b>Sense Organs Diseases</b>      |    |   |    |   |  |
| Deafness before 60                | No | - | No | - |  |
| Cataracts before 60               | No | - | No | - |  |
| Blindness                         | No | - | No | - |  |
| Colour blindness                  | No | - | No | - |  |
| Deviated septum                   | No | - | No | - |  |
| Glaucoma                          | No | - | No | - |  |
| Retinitis pigmentosa              | No | - | No | - |  |
| Nearsightedness                   | No | - | No | - |  |
| Farsightedness                    | No | - | No | - |  |
| Astigmatism                       | No | - | No | - |  |
| <b>Skin Diseases</b>              |    |   |    |   |  |

|                         |    |   |    |   |  |
|-------------------------|----|---|----|---|--|
| Acne                    | No | - | No | - |  |
| Eczema                  | No | - | No | - |  |
| Skin cancer             | No | - | No | - |  |
| Pigmentation disorder   | No | - | No | - |  |
| Neurofibromatosis       | No | - | No | - |  |
| <b>Other Diseases</b>   |    |   |    |   |  |
| Alcoholism              | No | - | No | - |  |
| Drug abuse or addiction | No | - | No | - |  |
| Nicotine addiction      | No | - | No | - |  |

| <b>FAMILY MEDICAL SUMMARY</b> |                                                  |
|-------------------------------|--------------------------------------------------|
| <b>Medical issue</b>          | <b>A person who had a medical issue detected</b> |
| No                            | -                                                |