**Note: The donor voluntarily provided the following information. This information will be disclosed to future parents as an aid in their selection process.**

| CODE | EDABC502 |
| --- | --- |
| **OCCUPATION** | Housewife |
| **HEIGHT** | 1.69 m |
| **AGE** | 1997 |
| **COMPLEXION** | Fair |
| **BUILD** | Slim |
| **COLOUR OF EYES** | BROWN |
| **COLOUR OF HAIR** | BROWN |
| **EDUCATION** | UNIVERSITY STUDENT |
| **Blood Group** | O+ |
| **Weight** | 51kg |

**Family Characteristics**

| RELATIVE | ALIVE: YES/NO | PRESENT AGE OR AGE AT DEATH | PRESENT MEDICAL CONDITION OR CAUSE OF DEATH |
| --- | --- | --- | --- |
| **Mother** | Yes | 36 | healthy |
| **Maternal Grandmother** | Yes | 56 | healthy |
| **Maternal Grandfather** | Yes | 58 | healthy |
| **Father** | Yes | 43 | healthy |
| **Paternal Grandmother** | Yes | 67 | healthy |
| **Paternal Grandfather** | Yes | 68 | healthy |
| **Sister** | Yes | 11 | healthy |

**Medical History**

| QUESTION | ANSWER |
| --- | --- |
| **1. Do you have any medical illnesses (i.e. asthma, diabetes, seizure disorders, tuberculosis, etc.)?** | NO |
| **2. List all Surgeries:** | NO |
| **3. Do you have any allergies (food, pollen, bee stings, etc.)? Please list:** | NO |
| **4. Do you have any allergies to medications? Please list:** | NO |
| **5. Describe any childhood allergies you may have out grown?** | NO |
| **6. List medications including prescription, over the counter, vitamins or herbs you Are currently taking?** | NO |
| **7. Are there medications you have taken in the past five years. If so, please list:** | NO |
| **8. Have you ever sought psychological counseling?** | NO |
| **9. Have you, or currently taking medication for a psychological condition?** | NO |
| **If yes, what medications have you, or are you currently taking?** | NO |