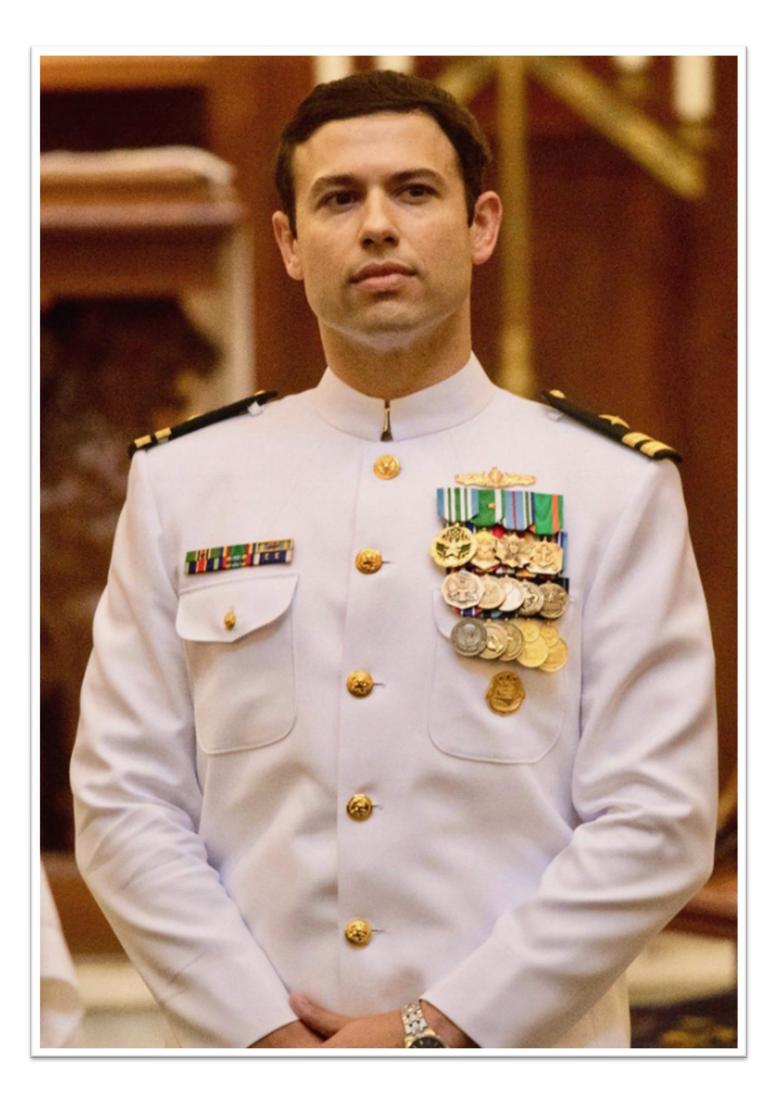




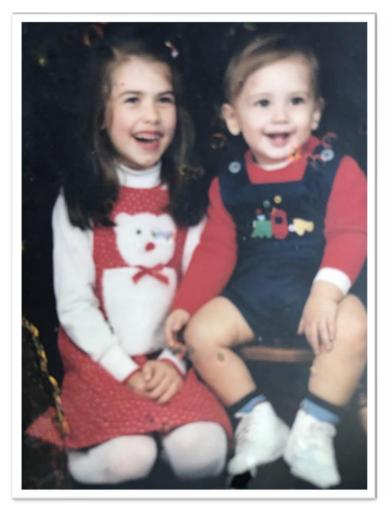
SD1011

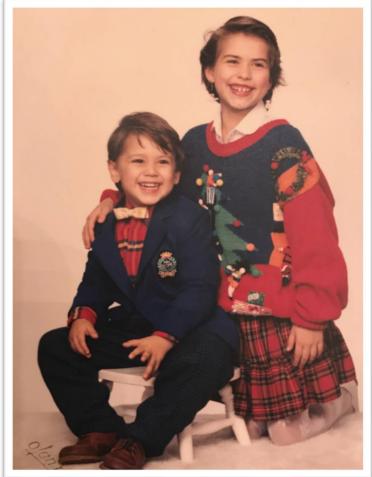
Eye Color	Hair Color	Height
Hazel	Brown	6'2 or 188cm
Ethnicity	Blood Type	Education
Caucasian Germán Scandinavian / Persian Jewish	В+	Graduate Degree
Donor Location	Date of Birth	
Texas, USA	1986-10-09	











Eye Color	
Hazel	
Natural Hair Color	
Brown	
Natural Hair Type	
Stright	
Corrective Dental	
No	
Weight	
190	
Vision	
Good	
Complexion/Skin Tone	
Fair	
What is your occupation and Education?	
Graduate Degree	
United States Naval Academy	
Engineering & Economics	
Business Owner	
Do you have any musical talents? If any, please list.	
Piano and Violin	
Do you have any artistic abilities? If any, please list. Creative writing	
Do you play sports or exercise? Yes, Wrestling	
How often do you exercise?	
Yes, Daily	

Please describe your athletic abilities.

Division 1 college wrestler. Elite military unit.

Please describe your personality.

Outgoing and personable

Please describe your hobbies.

Reading, scuba diving, flying.

Personal Health and Medical Information

Overall health condition

Healthy

Are you adopted? No

If so, do you have your biological parents' information? $N/\!A$

Do you have or have you ever had a serious health problem? No

Are you currently treating any diseases? If so, please list. No

Have you ever had any surgery (medical, dental or plastic/cosmetic)? No

If yes, please list the surgery procedure and year. $\ensuremath{\mathsf{N/A}}$

Have you taken any medications within the past 12 months? No

Have you ever been diagnosed with cancer? No

Do you have any birth defects? No

Have you ever had any STI/STDs? No Have you ever had syphilis or gonorrhea? No

Have you ever had hepatitis B or C? No Have you ever had a blood transfusion? No Have you ever been rejected for a blood transfusion? No Have you ever had serious mental health issues? No Do you have any allergies? No Do you drink coffee? How often (daily or weekly)? One cup daily Do you drink alcohol? How often (daily or weekly)? 3 Drinks per month Do you smoke, vape, or use marijuana? How often (daily or weekly)? No Have you had a tattoo within the past 6 months? No Have you had a piercing within the past 6 months? No How is your hearing without a hearing aid? Excellent Have you ever had any complications with anesthesia? No Have you had any shots or vaccines given in the last 12 months? No Have you ever taken anti-malarial drugs or had malaria? No

Family History

Have you or your immediate family suffered from infertility? No

Family has twins or triplets? No

Have any of your family members ever had a serious illness? No

Any of your family members ever had a serious mental illness? No

Any of your family members have genetic disorders? No Please tell us some basic details about your biological mother.

Age and Health Status 70 - Healthy Height 5'6 Weight 130 **Hair Color** Brown **Eye Color** Hazel **Education & Occupation** Graduate Degree MBA Please tell us some basic details about your biological father Age and Health Status 74 -Healthy Height 6'2 Weight 200 **Hair Color Light Brown Eye Color** Blue **Education & Occupation MS Geology** Geophysicist

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	93-Deceased	92	92	86
Height	5'5	6'0	5'5	6'2
Weight	130	175	130	190
Hair Color	Light Brown	Brown	Light Brown	Light Brown
Eye Color	Hazel	Blue	Hazel	Blue

Sperm Donation History

If you could send a message to the Intended Parents. What would you say?

May you find the happiness that you seek.

My childhood friend was conceived by a donor, so I want to help families to give someone like my friend's parents a child.

What kind of contract do you want to sign with your prospective parents? Anonymous

Have you donated in the past? No

Sperm Donation Information None