Donor #: 12891

Date Completed: <u>03/15/2011</u>

#### **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	Sibl	ings		Grandp	arents		Au	nts	Und	cles	Mate Cou		Pate Cou	
		F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М
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 v	vhich of	the follo	owing m	edical p	oroblen	ns you	or one	of your	family	membe	ers have	e had:							
Medical Problem	You	Mother	Father	Sib	lings		Grand	parents	3	Au	ınts	Un	cles	Mat Cou	ernal usins	Pate Cou	ernal usins	No	Comments
				F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	
1. Cardiovascular																			
A. congenital heart defect																		✓	
B. aneurysm																		>	
C. angina																		1	
D. atherosclerosis																		✓	
E. cardiomyopathy																ŀ		✓	
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																		1	

Date Completed: \_03/15/2011

## **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate  Medical Problem	Mother	0.1	lings		Grand	parents	3	Αι	ınts	Un	cles		ernal usins		ernal usins	No	Comments
		F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	
. Blood																	
A. anemia																✓	
B. Fanconi anemia												4				✓	
C. hemochromatosis																✓	
D. hemophilia or other bleeding problem																<b>&gt;</b>	
E. immune deficiency																<b>\</b>	
F. leukemia							✓										diagnosed at age 68
G. sickle cell anemia																✓	
H. thalassemia																✓	
I. other hereditary anemia																✓	
J. other																✓	
. 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					<b>√</b>												diagnosed at age 67; smoker
H. other	<b>V</b>																allergy to cats

Date Completed: 03/15/2011

### **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate v				Sib	lings	T .	Grand				nts	T .	cles		ernal ısins	Pat	ernal usins	No	
Medical Problem	You	Mother	Father	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	М	one	Comments
4. Skin																			
A. acne																		✓	
B. eczema																		✓	
C. melanoma																		✓	
D. pigmentation disorders																		✓	
E. psoriasis																		V	
F. skin cancer																		<b>V</b>	
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																		✓	

Date Completed: <u>03/15/201</u>1

### **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate				Sih	lings			parents			ints		cles		ernal Isins	Pat	ernal usins	No	Community
Medical Problem	You	Mother	ramer	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	Comments
S. Renal																			
A. birth defect of the renal system																		✓	
B. cancer of the urinary tract																		✓	
C. other disease of urinary tract																		✓	
D. polycystic kidney disease																		<b>V</b>	
E. kidney stones					✓														diagnosed in his 20s
F. other kidney disease										_								✓	
7. Genital/Reproductive																			
A. birth defect of the reproductive system																		✓	
B. breast cancer																		1	
C. cervical cancer																		✓	
D. hypospadias																		<b>√</b>	
E. infertility																		<b>√</b>	
F. ovarian cancer												);						✓	
G. prostate cancer																		✓	
H. testicular cancer																		<b>√</b>	
I. undescended testicle(s)																		<b>√</b>	
J. uterine cancer																		<b>√</b>	
K. other																		<b>√</b>	

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## **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate  Medical Problem		Mother			lings			parents		1	nts		cles		ernal ısins		ernal isins	No	Comments
Medical Flobleiii	100	Wiotifier	atrici	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	Comments
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																		<b>V</b>	
F. parathyroid disease																		<b>V</b>	
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	<u> </u>																	✓	
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																		✓	

# **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate v		Mother		Sib	lings			parents			nts		cles		ernal usins	Pate Cou	ernal Isins	No	Comments
Medical Problem	100	Motriei	гашег	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	Comments
9. Neurological (continued)																			
J. epilepsy or seizure disorder																		<b>V</b>	
K. familial dysautonomia																		✓	
L. Huntington's disease																		✓	
M. hydrocephalus																		✓	
N. learning disorder																		✓	
O. migraine headaches																		1	
P. mental retardation																		<b>✓</b>	
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																		<b>✓</b>	
10. Mental health	1	1	_									1	ı		1				
A. bipolar disorder																		✓	
B. obsessive compulsive disorder																		✓	
C. depression																		✓	
D. panic or anxiety disorder																		✓	
E. schizophrenia																		✓	
F. other																		✓	

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### **FAMILY MEDICAL HISTORY**

Please use a checkmark to indicate  Medical Problem		Mother		Sih	lings		Grand	parents	3	Aι	ınts		cles	Mat Cou	ernal ısins	Pate Cou	ernal usins	No	Comments
				F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	
1. Muscles/bones/joints	1		1										1						
A. birth defect of the skeletal system																		✓	
B. arthritis																		✓	
C. cleft lip and/or cleft palate																		✓	
D. club foot																		✓	
E. deformity of spine																		<b>\</b>	
F. dwarfism																		1	
G. gout																		1	
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						<b>V</b>					P								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																		✓	

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### **FAMILY MEDICAL HISTORY**

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

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

Medical Problem	You	Mother	Father		ings		Grandp	parents	5	Au	nts	Und	cles	Mate Cou	ernal Isins		ernal usins	No	Comments
modical i robioni	100	Wiotrioi	r duioi	F	М	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	М	F	М	one	SSIIIII SIII S
13. Other																			
A. alcoholism																		✓	
B. drug abuse or addiction																		1	
C. non-cancerous growths or tumors																		✓	
D. cancer not mentioned above																		1	
E. birth defect not mentioned above																		<b>V</b>	
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".

<b>⊴</b> No	
☐ Yes	
	If YES, please describe symptoms.
OTHER SIGNIFICANT MEDICAL HISTORY:	
NONE	