

Donor ref:	xxxxxx
Recipient ref:	Example
Sample Code:	00000

 **Information:**

Date of Birth:	01.01.1995	Donor No:	xxxxxx
Marital Status:	Married	No. of children:	2
Citizenship:	Ukrainian	Birth Year:	2016 ,2014
Origin:	Ukraine	Education:	College
Profession:	Teacher	Occupational hazards:	None

Skin Colour:	Fair	Face Shape:	Oval
Eye Size:	Average	Eye Shape:	Almond
Eye color:	Brown	Hair style & color:	Straight & Brown
Nose size:	Average	Nose Shape:	Button
Height:	175	Weight:	61
Body Type:	Slim	Clothing Size:	S
Hobbies:	Embroidery , Music		
Personality Traits:	Kind, hard working , a good friend		

Medical History:

Alcohol:	No	Drug use or psychotropic Drugs:	No
Have you ever been hospitalized in a mental institution:	No	Smoking:	No

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Blood Type:	B+	Rh:	(+)
Physical Examination:	Healthy	Mammary Glands:	Healthy
Fragile X - Chromosome mutations Assay:	2 normal allele of FMR1 gene		

CF Related Mutations assay: Doesn't carry the following CF mutations: df508, R553X, dele 2,3(21kb), W1282X, G542X, N1303K, 3846G>A (p.W1282X), 1624G>T (p.G542X), 1521delCTT (p.F508del), 3909C>G (p.N1303K), 3718- 2477C>T, 1585-1G>A, 1647T>G (p.S549R), 3266G>A (p.W1089X), 273+IG>A, 254G>A (p.G85E), 3276C>G (p.Y1092X), 3700A>G (p.I1234V), 1075C>A/1079C>A (p.Q359/T360K), 3120+1 Kbdel8.6Kb, 2051_2052delAAinsG, 4010_4013 delITATT, 2989-1G>A, 54_5940_273+10250del21080

Karyotype:	Normal female karyotype: 46,XX	SMA:	Not a carrier of Del Exon 7
Venereal Diseases:	None	Mental Disorders:	None
Pelvic Exam:	WNL	Familial Disease:	None
Hereditary Diseases:	None	Chronic Disease:	None

TEST

RESULT

HIV:	Negative	
HEPATITIS C:	Negative	
HEPATITIS B:	Negative	
SYPHILIS:	Negative	
GONORRHEA:	Negative	

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Please sign if you accept this proposal:

Wife Name:		Husband Name:		Date:	
Wife sign:		Husband sign:		Date:	