



**ACRC Gametes Donation**

ACRC Global Fertility Holding Group



**AD226**

Eye Color	Hair Color	Height
Black	Black	163
Ethnicity	Blood Type	Education
Asian - Taiwanese	A	University
Donor Location	Date of Birth	
Taiwan	1997-03-09	

## Donor Photos











**Physical Information**

**Eye Color**  
Black

**Natural Hair Color**  
Black

**Natural Hair Type**  
Naturally curly

**Corrective Dental**  
No

**Vision**  
N/A

**Complexion/Skin Tone**  
Fair

**What is your occupation?**

Front-end Web Engineer

**Do you have any musical talents? If any, please list.**

Plays the piano

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Do you have any artistic abilities? If any, please list.

N/a

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Do you play sports or exercise?

yes

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How often do you exercise?

N/a

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What type of sports or exercise?

Enjoys running, swimming, and dancing

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Please describe your athletic abilities.

Good

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Please describe your personality.

Outgoing and enjoys interacting and communicating with others. Quick-thinking and able to grasp a large amount of information rapidly, resulting in a wealth of knowledge and imagination. Skilled at generating creative ideas.

Optimistic and views setbacks as challenges to overcome. Enjoys discussing ideas with others and seeks to understand situations from multiple perspectives. Possesses curiosity and independence of thought, often assuming leadership roles in teams.

Please describe your hobbies.

Skilled in web design and online sales, planning to venture into bubble tea or coffee shop business in the future.

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## Education Information

Highest level of education completed.

University

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Do you have any college background?

Yes

College Details

Dates Attended	Institution	Location	Degrees/Majors
	National Chung Cheng University	Taiwan	Political Science

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

Current method of birth control.

Condom

How often do you get your menstrual period?

28 days cycle

Have you ever had an abortion, miscarriage, or ectopic pregnancy?

N/A

Estimated last date of PAP smear, normal or abnormal?

N/A

Personal Health and Medical Information

Overall health condition

Good

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**Date of your last pap smear. (If none put N/A)**

**N/A**

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**What were the results of your last pap smear?**

**N/a**

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**Are you adopted?**

**No**

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**If so, do you have your biological parents' information?**

**N/a**

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**Do you have or have you ever had a serious health problem?**

**No**

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**Are you currently treating any diseases? If so, please list.**

**No**

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**Have you ever had any surgery (medical, dental or plastic/cosmetic)?**

**N/A**

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**If yes, please list the surgery procedure and year.**

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**Have you taken any medications within the past 12 months?**

**N/A**

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**Have you ever been diagnosed with cancer?**

**N/A**

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**Do you have any birth defects?**

**No**

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**Have you ever had any STI/STDs?**

**No**

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**Have you ever had syphilis or gonorrhea?**

**No**

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**Have you ever had hepatitis B or C?**

**No**

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**Have you ever had a blood transfusion?**

**N/A**

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**Have you ever been rejected for a blood transfusion?**

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Have you ever had serious mental health issues?

No

Do you have any allergies?

N/A

Do you drink coffee? How often (daily or weekly)?

N/A

Do you drink alcohol? How often (daily or weekly)?

No

Do you smoke, vape, or use marijuana? How often (daily or weekly)?

N/A

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?

Good

Have you ever had any complications with anesthesia?

N/A

Have you had any shots or vaccines given in the last 12 months?

N/A

Have you ever taken anti-malarial drugs or had malaria?

N/A

## Family History

Have you or your immediate family suffered from infertility?

N/A

Does your family have twins or triplets?

No

Have any of your family members ever had a serious illness?

N/A

Have any of your family members ever had a serious mental illness?

N/A

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Do you or any of your family members have genetic disorders?

N/A

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## Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	60 Healthy
Height	163
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	High School Homemaker

Please tell us some basic details about your biological father

Age and Health Status	65 Healthy
Height	170
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	High School Construction Industry Supervisor

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	89 Deceased	86 Deceased	90 Healthy	88 Deceased
Height	163	177	158	177
Weight	N/A	N/A	N/A	N/A
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

## Egg Donation History

Why do you want to become an egg donor?

I feel very healthy and suitable for egg donation. My personality is lively and honest, and I can easily integrate into groups. At the same time, I am very caring for my parents. In terms of academics, I have never caused my parents any worry since I was young. I scored high in the Basic Competency Test (PR96) and graduated from Hsinchu Girls' High School. I even topped the national examination before graduating from university. I have a straightforward and kind personality, with a high ability to withstand pressure. I believe that I am very healthy, and if I can help parents in need, I am very happy to be of assistance.

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

N/a

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

N/a

Have you donated eggs in the past?

Yes

Please list the date

N/a

Name of the clinic

N/a

Number of eggs retrieved.

N/a

Number of embryos that passed PGS testing.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

N/a

Second donation

N/a

Third donation

N/a