



ACRC Gametes Donation
ACRC Global Fertility Holding Group

AD1263

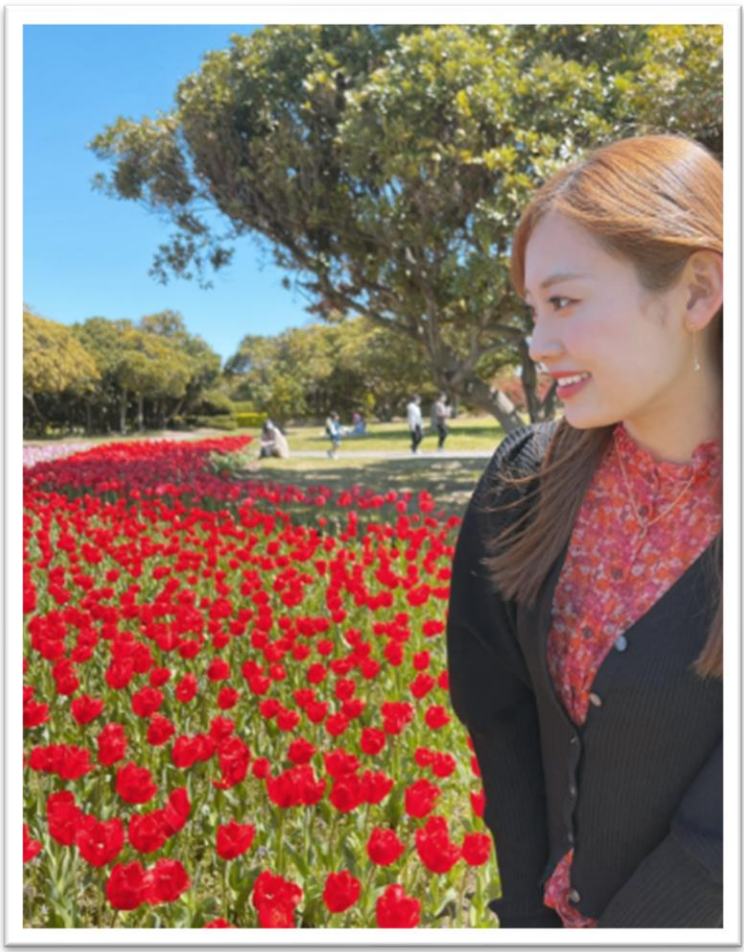
Eye Color	Hair Color	Height
Black	Black	161cm
Ethnicity	Blood Type	Education
Asian - Japanese	A	University
Donor Location	Year of Birth	
Canada	03/1999	

Donor Photos



95





Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

Yes

Vision

Good

Complexion/Skin Tone

Fair

What is your occupation?

My previous job was on stage with a famous Japanese opera company.

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

Yes, I've been on musical stages as a professional, so I'm above average.

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

Theatre

Do you play sports or exercise?

Walking and Dancing

How often do you exercise?

3-4 times per week

Please describe your athletic abilities.

I am fit and like to walk and dance.

Please describe your personality.

I have a bright and friendly personality. I can make friends with anyone.

Please describe your hobbies.

Ballet, dancing, and walking. I also enjoy watching movies.

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Sangyo University	Japan	Bachelor	Global communication

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

No

Current method of birth control.

Contraceptive pill

How often do you get your menstrual period?

Monthly

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

No

Personal Health and Medical Information

Overall health condition

Good

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

N/a

What were the results of your last pap smear?

N/a

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.

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)?

1-2 times per week

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

No

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?

Good

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

Does your family have twins or triplets?

No

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

No

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

No

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

No

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status

59-Good

Height

160cm

Weight

n/a

Hair Color

Black

Eye Color

Black

Education & Occupation

University

Human Resources

Please tell us some basic details about your biological father

Age and Health Status

60-Good

Height

170cm

Weight

n/a

Hair Color

Black

Eye Color

Black

Education & Occupation

University/Advanced Degree

Dentist

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	85-Good	Deceased	87-Good	Deceased
Height	150	na	na	na
Weight	na	na	na	na
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

Egg Donation History

Why do you want to become an egg donor?

To help a family.

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

I have never had a serious illness, so I hope that you can receive the donation with confidence.

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

Anonymous

Have you donated eggs in the past?

No

Please list the date

No

Name of the clinic

No

Number of eggs retrieved.

No