



ACRC Gametes Donation
ACRC Global Fertility Holding Group



AD1279

Eye Color

Dark Brown

Hair Color

Black

Height

158cm

Ethnicity

Asian- Japanese

Blood Type

AB

Education

Bachelors

Donor Location

Japan

Year of Birth

1993-09-06

Donor Photos





Physical Information

Eye Color

Dark Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

No

Complexion/Skin Tone

Fair

What is your occupation?

Sales Consultant

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

N/a

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

N/a

Do you play sports or exercise?

Tennis, swimming, diving

How often do you exercise?

2-3 days per weeks

Please describe your athletic abilities.

I've been good at sports since I was little.

Please describe your personality.

Bright, light footwork, curious, empathetic, and a strong sense of responsibility.

Please describe your hobbies.

Cooking, baking, traveling, singing

Education Information

Highest level of education completed.

University- Bachelors

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Katsumizu University	Japan	Bachelors	Health and Nutrition

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Condom

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

Healthy

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

2024.3.2.

What were the results of your last pap smear?

Normal

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)?

Yes

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)?

Yes, once per week.

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

Rarely, 1-2 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

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

58 - Healthy

Height

154

Weight

54

Hair Color

Black

Eye Color

Dark Brown

Education & Occupation

Junior College

Please tell us some basic details about your biological father

Age and Health Status

60 - Healthy

Height

172

Weight

70

Hair Color

Black

Eye Color

Black

Education & Occupation

University
Civil Servant

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	86 - Good	92 - Good	88	89 - Deceased
Height	152	178	150	174
Weight	45	60	54	64
Hair Color	Black	Black	Dark Brown	Black
Eye Color	Brown	Black	Dark Brown	Black

Egg Donation History

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

I have been an egg donor before, and it was a good experience. I want to help a family.

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

Anonymous

Have you donated eggs in the past?

Yes

Please list the date

March 26, 2024

Name of the clinic

Fertility Institute of Hawaii

Number of eggs retrieved.

20