



ACRC Gametes Donation

ACRC Global Fertility Holding Group



Donor Code

ADJ029

Eye Color	Hair Color	Height
Black	Black	165 cm
Ethnicity	Blood Type	Education
Taiwanese	O	Taipei Medical University
Donor Location	Date of Birth	
Taipei, Taichung	1994/12/28	

Donor Photos





Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

N/A

Corrective Dental

No

Vision

Myopia

Complexion/Skin Tone

N/A

What is your occupation?

Biotech Consultant

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

Piano (Level 8 piano certification), flute, violin,

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

Painting (Awards in painting), Awards in English and Chinese essay competitions

Do you play sports or exercise?

Yes

How often do you exercise?

What type of sports or exercise?

horse riding, golf

Please describe your childhood.

Studying, attending cram school, learning music, learning painting

Education Information

Highest level of education completed.

Master of Public Health from Taipei Medical University

Do you have any college background?

Bachelor of Nutrition from Chung Shan Medical University

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Chung Shan Medical University	Taiwan	Bachelor of Nutrition
2		Taipei Medical University	Taiwan	Master of Public Health

Reproductive Information

Have you ever been pregnant?

N/A

Number of Children, if any.

N/A

Current method of birth control.

N/A

How often do you get your menstrual period?

30 – 45 days

Personal Health and Medical Information

Overall health condition

Good

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

N/A

Are you adopted?

N/A

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

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)?

N/A

If yes, please list the surgery procedure and year.

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?

N/A

Have you ever been rejected for a blood transfusion?

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)?

NO

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?

Yes

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?

N/A

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

No

Family History

Have you or your immediate family suffered from infertility?

N/A

Does your family have twins or triplets?

No

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	50/ Good
Height	165 cm
Weight	48 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	University/ housewife

Please tell us some basic details about your biological father

Age and Health Status	65/ Good
Height	178 cm
Weight	75 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	PhD/ Professor at National Chung Hsing University

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	75/ Good	83/ Good	Unknown	Unknown
Height	160 cm	180 cm		
Weight	60 kg	75 kg		
Hair Color	Black	Black		
Eye Color	Black	Black		

Egg Donation History

Why do you want to become an egg donor?

N/A

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

2022/10, 2023/8

Location of the egg retrieval

U.S.A

Number of eggs retrieved (Last retrieval).

30

Number of embryos that passed PGS testing.

unknown

Pregnancy outcomes (if known and applicable).

unknown