



ACRC Gametes Donation

ACRC Global Fertility Holding Group

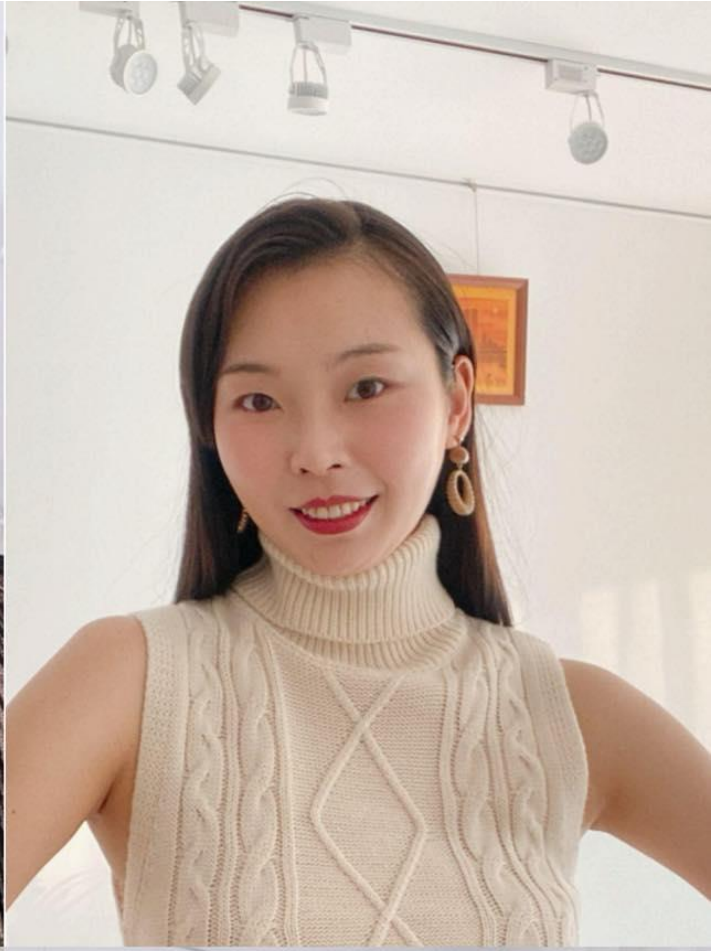


AD102

Eye Color	Hair Color	Height
Black	Black	165
Ethnicity	Blood Type	Education
Asian	B	College
Donor Location	Date of birth	
Taiwan	1993-1-18	

Donor Photos













Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

Yes

Vision

650/650 (non-genetic)

Complexion/Skin Tone

Fair skin

What is your occupation?

fashion designer, fitness coach

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

N/a

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

Yes, painting, drawing, photography, graphic design and

Fashion design

Do you play sports or exercise?

Yes

How often do you exercise?

three times a week

What type of sports or exercise?

Ballet dance and modern dance when I was a child. I participated in the competitive cheerleading team in college.

Now, I like to jogging, fitness and swimming.

Please describe your athletic abilities.

Excellent

Please describe your personality.

Strong curiosity, rational decision-making, INTJ, compassionate, good endurance, good memory, strong resistance to stress, and like to challenge yourself.

Be approachable, lively, conscientious and responsible, patient and determined, independent and have your own ideas, good at listening and exchanging experiences, willing to help others, and like small animals.

Please describe your hobbies.

oil painting, sketching, photography, graphic design, and fashion design. Currently employed as a fashion designer, I enjoy attending art exhibitions and engaging in creative endeavors.

Education Information

Highest level of education completed.

Master Degree

Do you have any college background?

Yes

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		British research institute	UK	Master degree
		University for the Creative Arts National Cheng Kung University	Taiwan	MA/Fashion BA/ Taiwanese Literature

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Contraceptive pill

How often do you get your menstrual period?

28

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

No

Estimated last date of PAP smear, normal or abnormal?

2023/Normal

Personal Health and Medical Information

Overall health condition

Good

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

2023

What were the results of your last pap smear?

Normal

Are you adopted?

No

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

No

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

No

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

N/a

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?

Np

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)?

N/a

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?

Yes

How is your hearing without a hearing aid?

No

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	60/good
Height	154
Weight	N/a
Hair Color	Black
Eye Color	Black
Education & Occupation	junior high school

Please tell us some basic details about your biological father

Age and Health Status	69/good
Height	172
Weight	N/a
Hair Color	Black
Eye Color	Black
Education & Occupation	junior high school

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	79	84	78	86
Height	152	176	156	164
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 believe that happiness is like perfume. If you spread it to others, it will definitely infect you. Being able to help others is a good thing to spread happiness. Therefore, I hope that by contributing, I can also repay my student loan.

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).

First donation

N/a

Second donation

N/a

Third donation

N/a
