



**ACRC Gametes Donation**

ACRC Global Fertility Holding Group

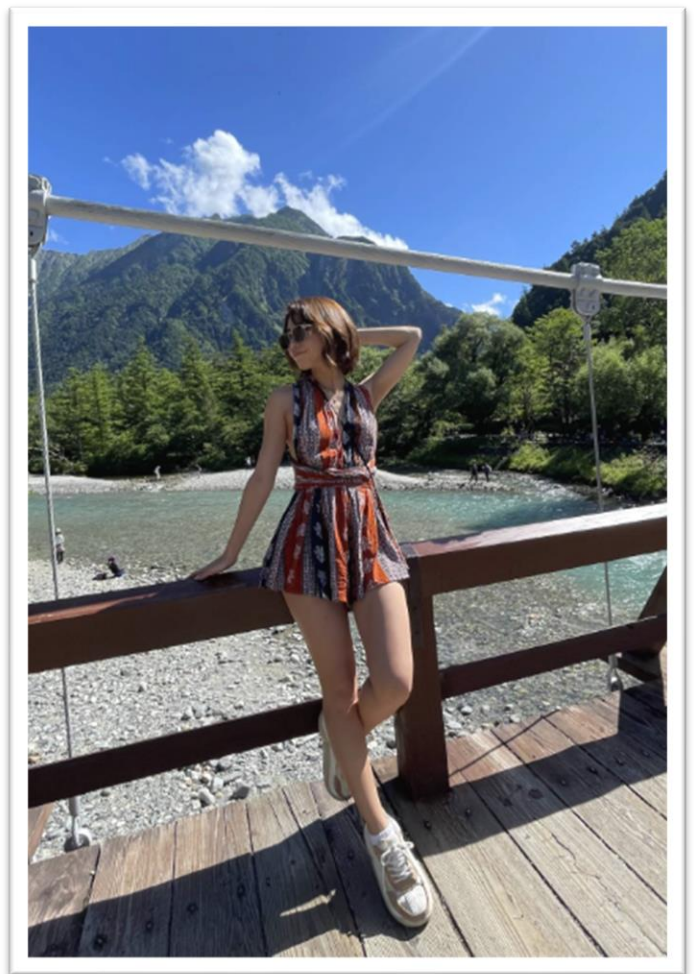
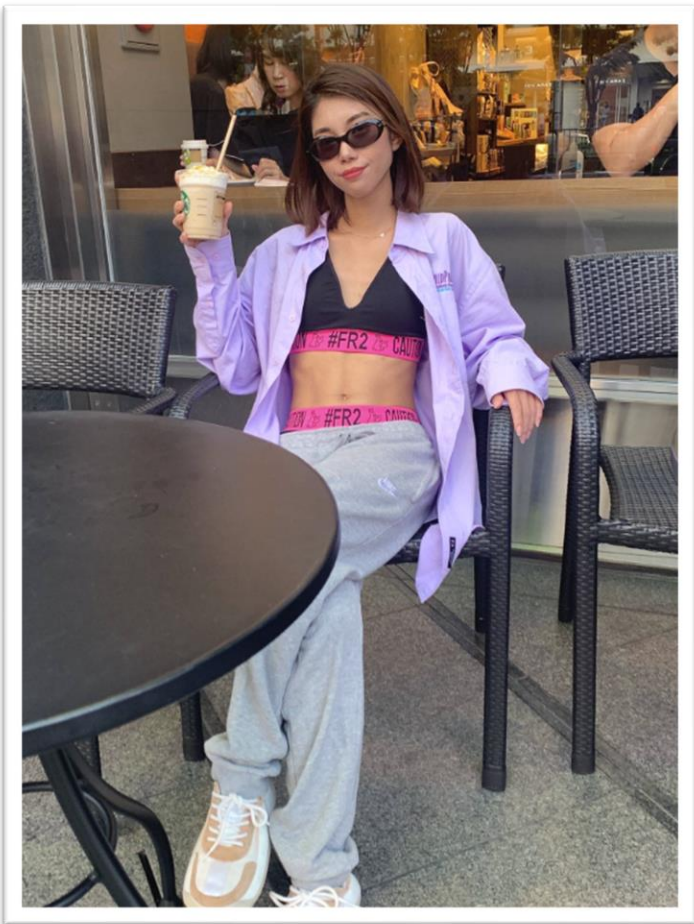
**AD1280**



Eye Color	Hair Color	Height
Dark Brown	Black	156
Ethnicity	Blood Type	Education
Asian- Japanese	AB	Advanced Degree
Donor Location	Year of Birth	
Japan	1995-02-24	

## Donor Photos





## Physical Information

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**Eye Color**

Dark Brown

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**Natural Hair Color**

Black

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**Natural Hair Type**

Wavy

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**Corrective Dental**

No

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**Vision**

No

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**Complexion/Skin Tone**

Fair

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**What is your occupation?**

Pharmacist, Apparel online shop, Graphic Design/Creator, Recruitment broker, and artist.

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

N/a

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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?**

Walking, Dancing, Stretching

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**How often do you exercise?**

3 days per weeks

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**Please describe your athletic abilities.**

Fast and Flexible

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**Please describe your personality.**

Sensitive, sensitive, bright, and positive, has good vibes/energy and can share.

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**Please describe your hobbies.**

I use it for input and output time.

Organize and learn information obtained from interactions with people and various matters.

I set aside time to talk to my heart.

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## Education Information

### Highest level of education completed.

University- Advanced

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### Do you have any college background?

Yes

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### College Details

Institution	Location	Degree	Majors
Tokushima Bunri University	Japan	Advanced	Department of Pharmacy, Faculty of Pharmaceutical Sciences

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## 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)**

2022

**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)?**

No

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

N/a

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

No

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

No

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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?**

No

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

No

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**Have you ever had serious mental health issues?**

No

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**Do you have any allergies?**

No

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

No

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

Rarely, 1-2 per month

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

No

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**Have you had a tattoo within the past 6 months?**

No

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**Have you had a piercing within the past 6 months?**

No

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**How is your hearing without a hearing aid?**

Excellent

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**Have you ever had any complications with anesthesia?**

No

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

No

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

No

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## Family History

**Have you or your immediate family suffered from infertility?**

No

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**Does your family have twins or triplets?**

No

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

No

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

No

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**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.

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**Age and Health Status**

63 - Healthy

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**Height**

167

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**Weight**

59

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**Hair Color**

Black

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**Eye Color**

Black

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**Education & Occupation**

Vocational school

Nurse

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Please tell us some basic details about your biological father

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**Age and Health Status**

68 - Healthy

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**Height**

172

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**Weight**

70

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**Hair Color**

Black

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**Eye Color**

Black

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**Education & Occupation**

N/a

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## Egg Donation History

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

Share Happiness

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

Anonymous

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**Have you donated eggs in the past?**

No

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**Please list the date**

N/a

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**Name of the clinic**

N/a

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**Number of eggs retrieved.**

N/a

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