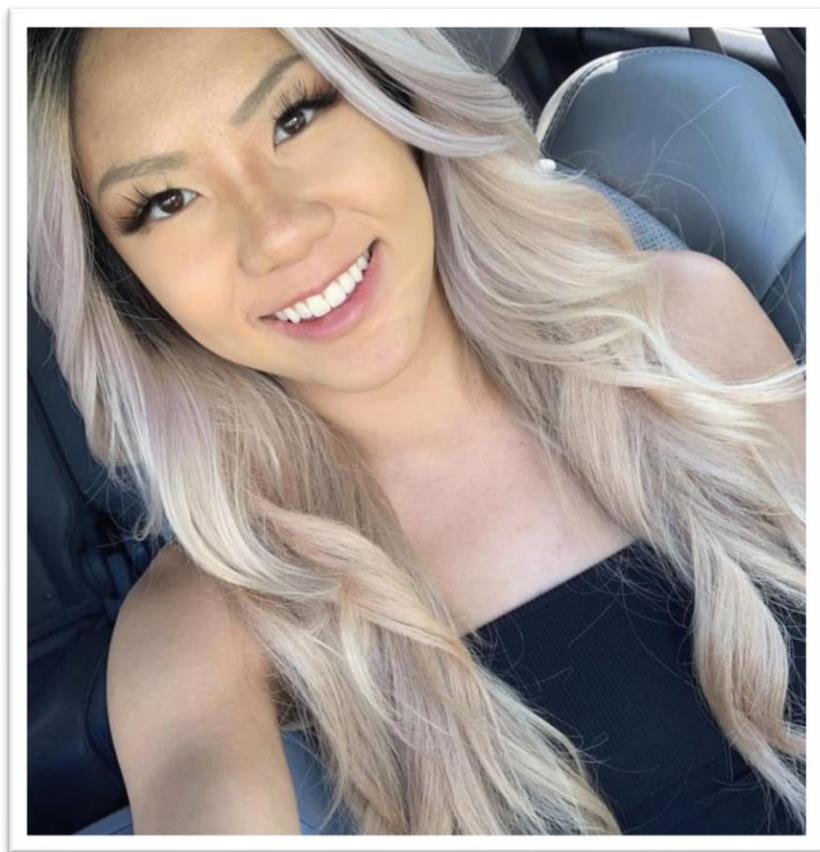




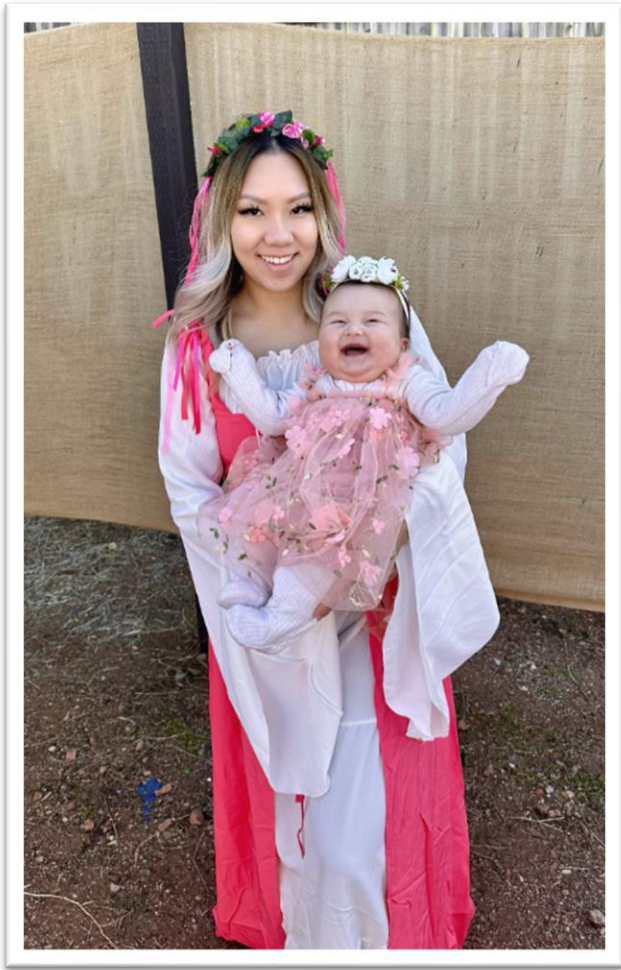
ACRC Gametes Donation
ACRC Global Fertility Holding Group



AD1282

Eye Color		Hair Color		Height	
Brown		Black		5'2	
Ethnicity		Blood Type		Education	
Asian		A		College	
Donor Location		Date of Birth			
Arizona, USA		1996-01-03			

Donor Photos



Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

Yes

Vision

Good

Complexion/Skin Tone

Olive

What is your occupation?

Photographer

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

Piano

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

Yes, painting.

Do you play sports or exercise?

Yes, Weightlifting, swimming, dancing, HIIT, yoga, running.

How often do you exercise?

Yes, 3 times per week

Please describe your athletic abilities.

I was in cheerleading in middle school, I did gymnastics, badminton, and swimming in high school, and in college I started weightlifting, doing HIIT, and doing yoga. I've done multiple 5K runs.

Please describe your personality.

I would describe my personality as kind, empathetic, humorous, confident, and resilient. I am compassionate, understanding, and supportive, while also being independent and self-assured. I am also hard working, sweet, and well-rounded.

Please describe your hobbies.

I love traveling around the world learning about different cultures. I also have a passion for photography. I love working out and staying fit. Eating healthy is important to me. I enjoy spending time with my family. I also love Disney. I relax by watching a movie or playing board games. I also love doing arts and crafts.

Education Information

Highest level of education completed.

Some College

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
SJSU	USA	N/a	Public Health

Reproductive Information

Have you ever been pregnant?

Yes

Number of Children, if any.

1

Current method of birth control.

IUD

How often do you get your menstrual period?

Monthly, every 28 days

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)

2024-04-19

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

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)?

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?

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

Family has twins or triplets?

No

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

No

Any of your family members ever had a serious mental illness?

No

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

53 - Healthy

Height

5'3

Weight

140

Hair Color

Black

Eye Color

Brown

Education & Occupation

Bachelor's in computer science

Computer engineer

Please tell us some basic details about your biological father

Age and Health Status

55 Healthy

Height

5'10

Weight

170

Hair Color

Brown

Eye Color

Black

Education & Occupation

Medical PHD

IVF Doctor

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	82	87	87	85
Height	5'5	6'0	5'5	5'11
Weight	130	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

Why do you want to become an egg donor?

My whole life I've always wanted to have a baby and become a mom. Now I have a 6-month-old daughter and am so beyond thankful my dreams finally came true. I would love to help others achieve their dream of becoming a parent.

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

Hello, I would love to help you become a parent. Being a mom, myself makes me so happy, and I would love to share that happiness with you. I understand how it feels to want a baby so badly so I would love to help you in any way possible. Thank you for taking the time to look at my profile!

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

Known

Have you donated eggs in the past?

No

Please list the date

n/a

Name of the clinic

n/a

Number of eggs retrieved.

n/a