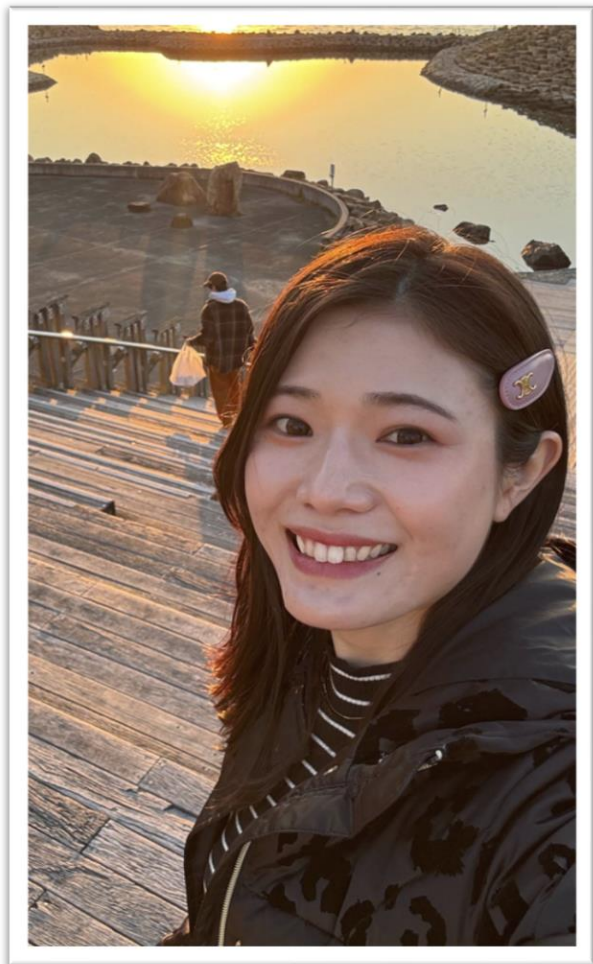




**ACRC Gametes Donation**

ACRC Global Fertility Holding Group

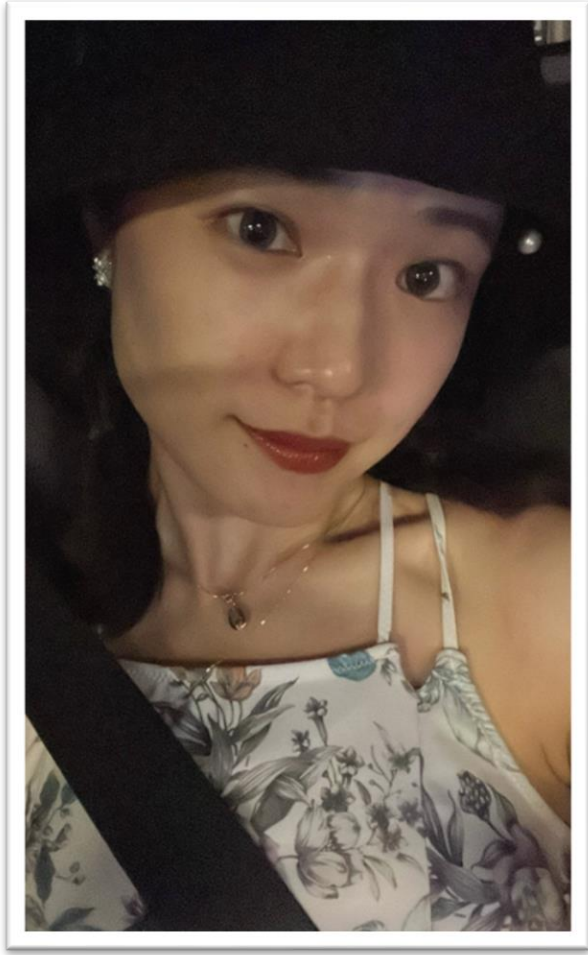
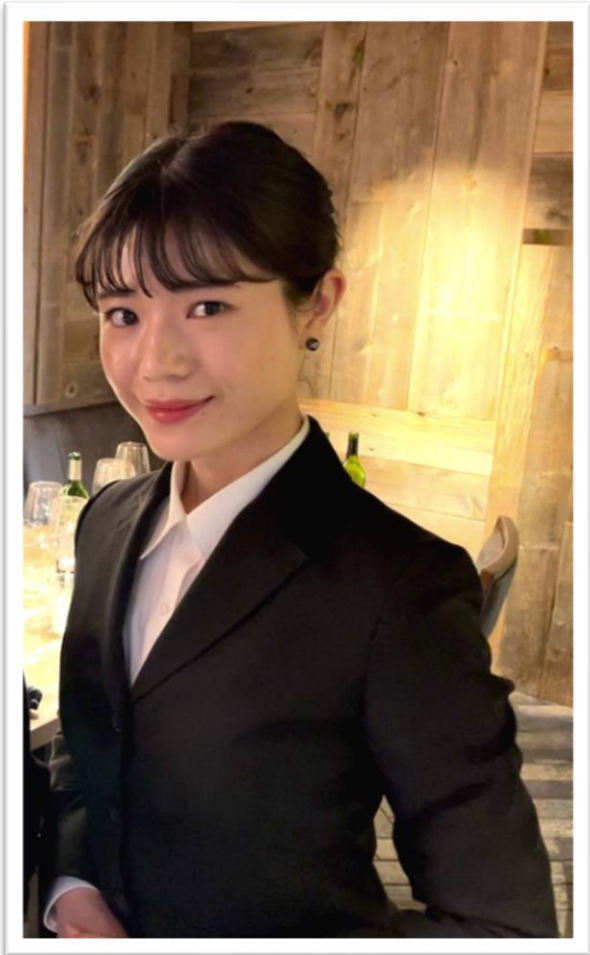


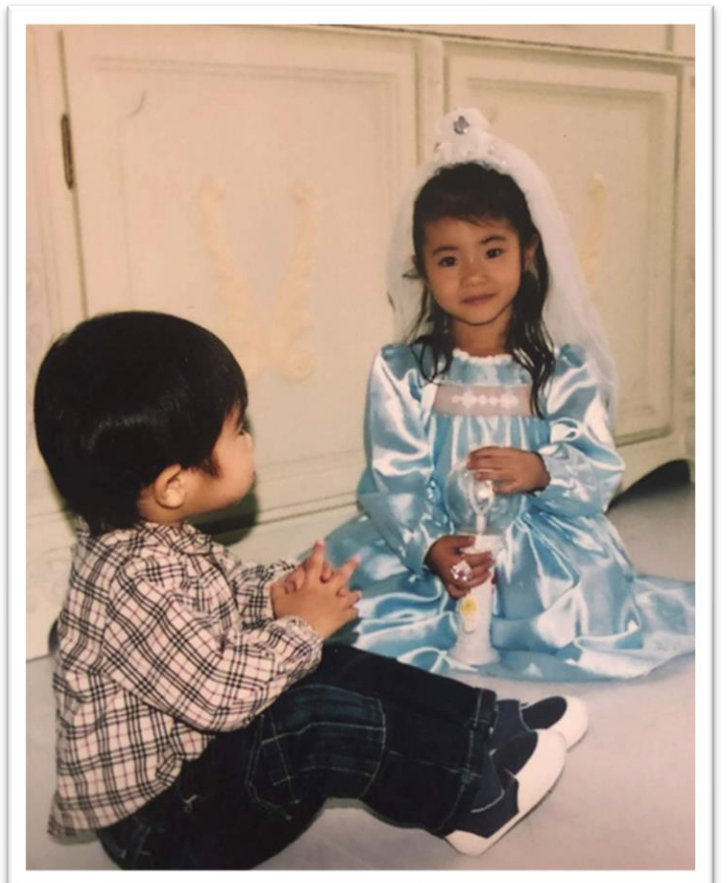
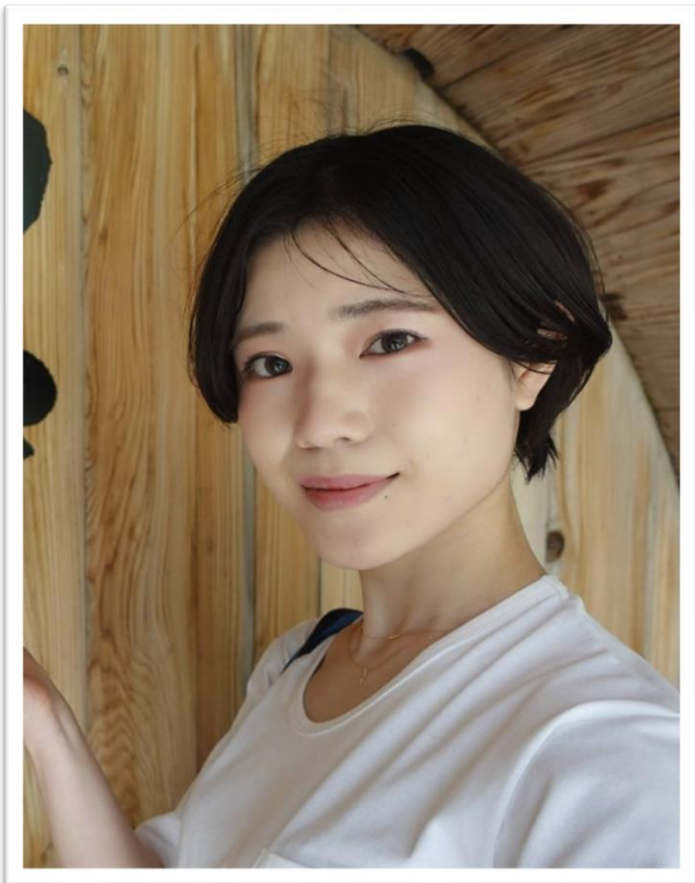
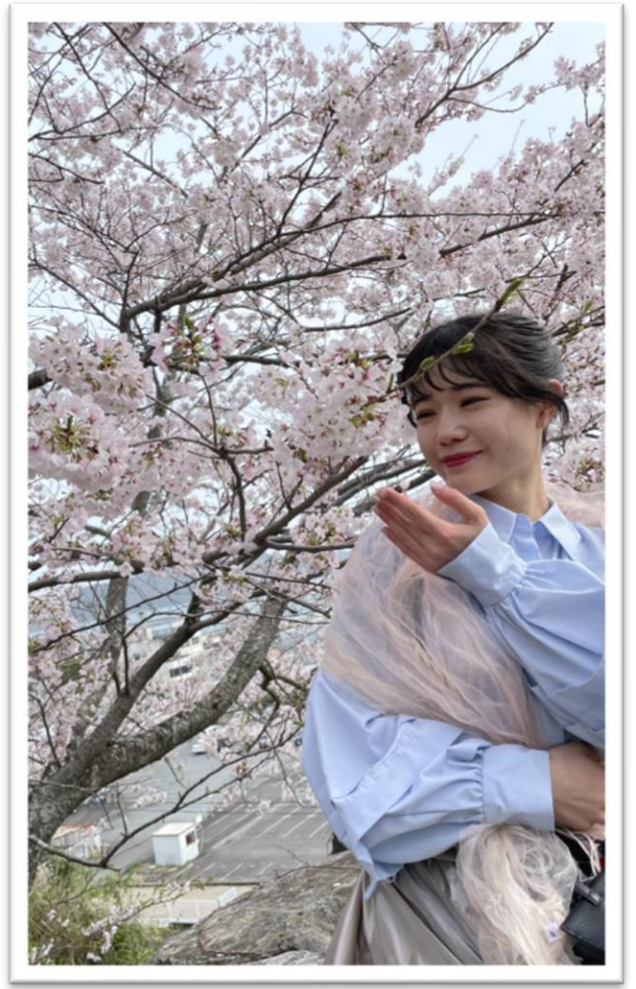
**ED#1247**

**Previous Cycle: 22 Eggs Retrieved**

Eye Color	Hair Color	Height
Dark Brown	Dark Brown	161cm
Ethnicity	Blood Type	Education
Japanese	A	College
Donor Location	Year of Birth	
Japan	2001	

Donor Photos





## Physical Information

**Eye Color**

Brown

---

**Natural Hair Color**

Dark Brown

---

**Natural Hair Type**

Wavy

---

**Corrective Dental**

Na

---

**Vision**

Good

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**Complexion/Skin Tone**

Fair

---

**What is your occupation?**

Business

---

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

Na

---

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

Na

---

**Do you play sports or exercise?**

Running and cycling

---

**How often do you exercise?**

3-4 Days per week

---

**What type of sports or exercise?**

Running and cycling

**Please describe your athletic abilities.**

Athletic/Runner

---

**Please describe your personality.**

I have an honest personality and a strong work ethic.

---

**Please describe your hobbies.**

My hobbies include watching musicals, movies, and cycling.

---

## Education Information

**Highest level of education completed.**

University Graduate

---

**Do you have any college background?**

Yes

---

### College Details

Institution	Location	Degree	Majors
1. Kindai University	Japan	University Graduate	Agriculture

---

## Reproductive Information

**Have you ever been pregnant?**

No

**Number of Children, if any.**

Na

**Current method of birth control.**

Contraceptive

**How often do you get your menstrual period?**

28 Days

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

No

## Personal Health and Medical Information

**Overall health condition**

Excellent

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

08/2022

**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.**

None

**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

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**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)?**

Never

---

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

Once per week

---

**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?**

Good

---

**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.

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**Age and Health Status**

51- Good

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**Height**

159cm

---

**Weight**

N/a

---

**Hair Color**

Black

---

**Eye Color**

Black

---

**Education & Occupation**

University Graduate

---

Please tell us some basic details about your biological father

---

**Age and Health Status**

56- Good

---

**Height**

174cm

---

**Weight**

N/a

---

**Hair Color**

Brown

---

**Eye Color**

Brown

---

**Education & Occupation**

University Graduate

---

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	87	90	81	83
Height	150cm	170cm	155cm	168cm
Weight	n/a	n/a	n/a	n/a
Hair Color	Brown	Brown	Brown	Brown
Eye Color	Brown	Brown	Brown	Brown

## Egg Donation History

**Why do you want to become an egg donor?**

I registered because I wanted to be of some help to those who are unable to have a child due to various reasons.

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

I hope you will love and be loved a lot and build a warm and loving home!

**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**

08/2023

**Name of the clinic**

N/a

**Number of eggs retrieved.**

22 Eggs