



**ACRC Gametes Donation**

ACRC Global Fertility Holding Group



**AD1317**

**Eye Color**

**Hair Color**

**Height**

**Brown**

**Black**

**164**

**Ethnicity**

**Blood Type**

**Education**

**Asian - Japanese**

**O**

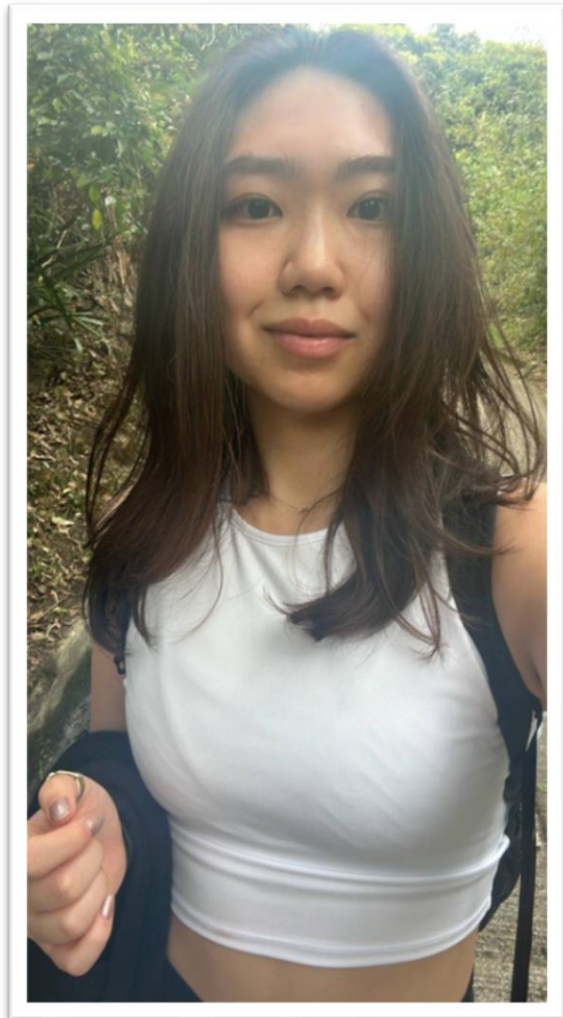
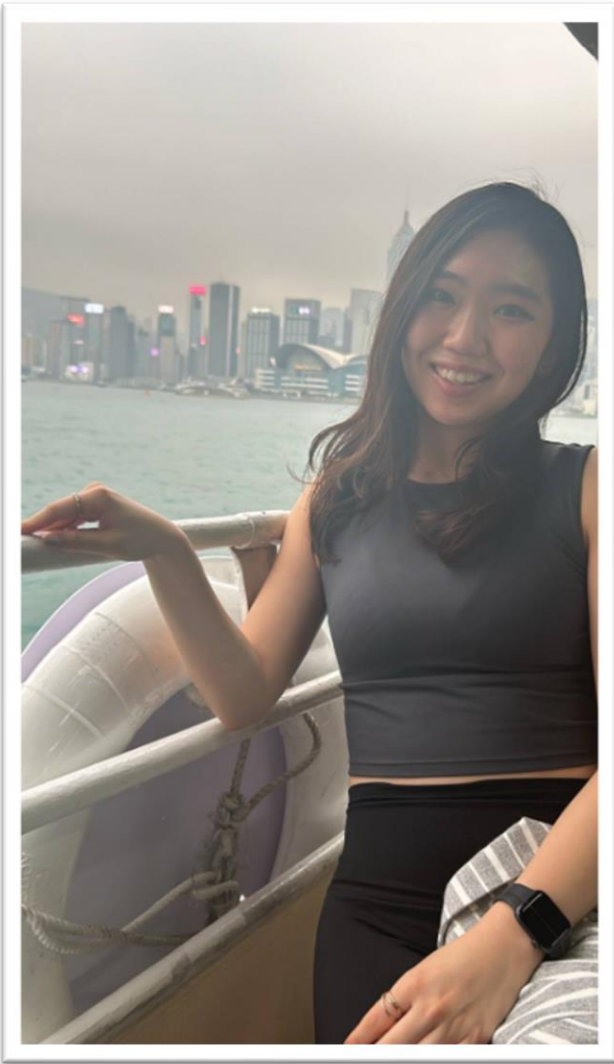
**College Graduate**

**Donor Location**

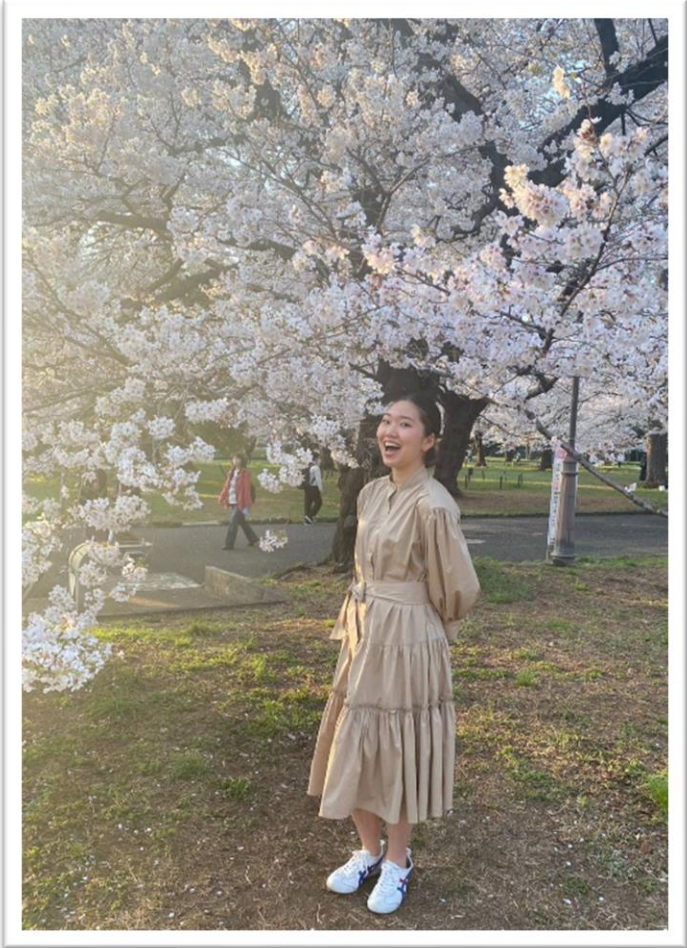
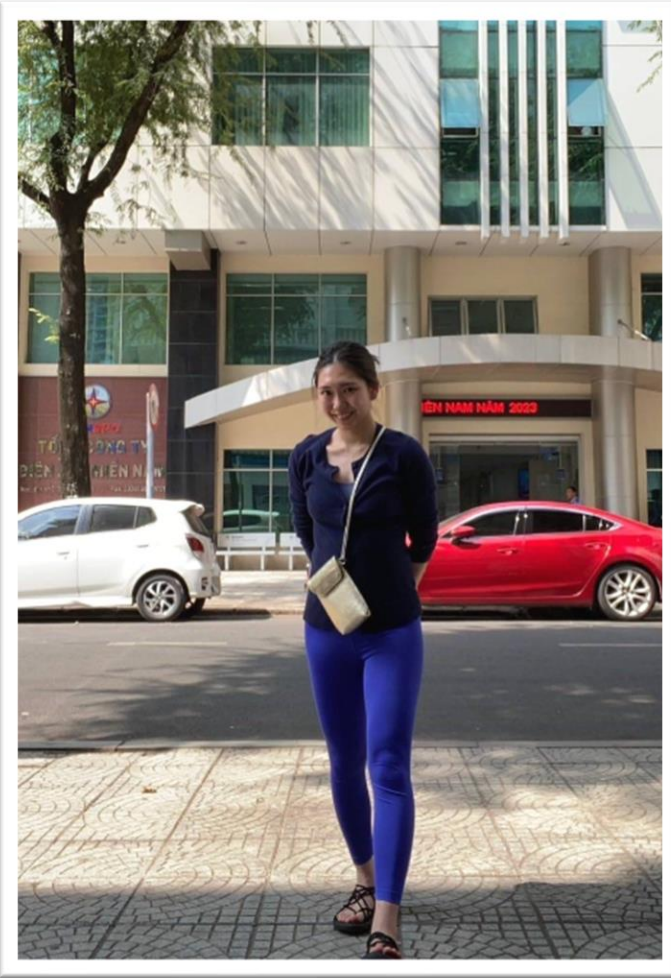
**Year of Birth**

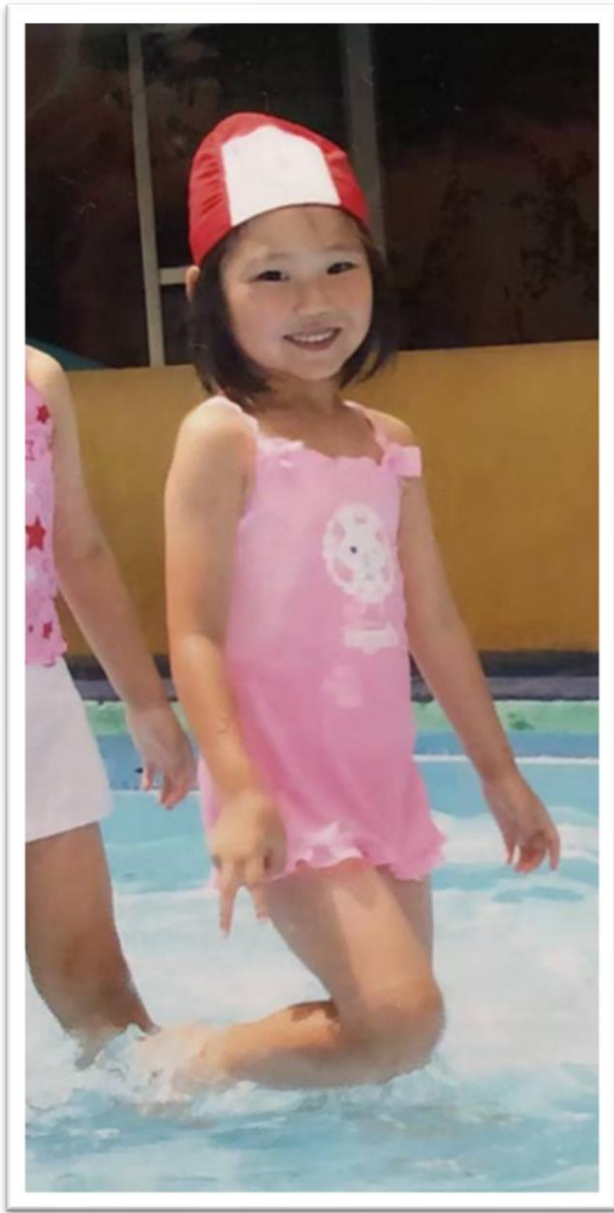
**Japan**

**2002-04-30**









## Physical Information

### Eye Color

Brown

### Natural Hair Color

Black

### Natural Hair Type

Straight

### Corrective Dental

No

### Vision

No

### Complexion/Skin Tone

Fair

### What is your occupation?

Nurse

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

N/a

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

N/a

### Do you play sports or exercise?

Swimming, Yoga, strength training, and body combat.

### How often do you exercise?

4 days per weeks

### Please describe your athletic abilities.

I have a very high endurance level.

### Please describe your personality.

Patient and competitive

### Please describe your hobbies.

Reading, movies, and yoga.

## Education Information

**Highest level of education completed.**

College Graduate

---

**Do you have any college background?**

Yes

---

### College Details

Institution	Location	Degree	Majors
University of Human Sciences	Japan	Bachelors	Nursing

---



## 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)**

2023

**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)?**

1 per month

---

**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.

---

**Age and Health Status**

45 - Healthy

---

**Height**

158

---

**Weight**

52

---

**Hair Color**

Black

---

**Eye Color**

Black

---

**Education & Occupation**

High School

Hospitality

---

Please tell us some basic details about your biological father

---

**Age and Health Status**

45 - Healthy

---

**Height**

174

---

**Weight**

75

---

**Hair Color**

Black

---

**Eye Color**

Black

---

**Education & Occupation**

High School

Construction Industry

---

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	67	67	71	71
Height	169	180	158	172
Weight	66	72	60	70
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Brown	Black

## Egg Donation History

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

Be happy with your baby.

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

Anonymous

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