



ACRC Gametes Donation

ACRC Global Fertility Holding Group



Donor Code :

ADJ053

Eye Color	Hair Color	Height/Weight
Black	Black	167 cm/ 56 kg
Ethnicity	Blood Type	Education
Taiwanese	O	University
Donor Location	Date of Birth	
Tainan	1993/12/30	

Donor Photos





Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

N/A

Corrective Dental

N/A

Vision

100 degrees

What is your occupation?

Registered Nurse (RN)

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

Yes, plays the piano, Chinese flute, pipa, xylophone, and marimba

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

Yes, painting

Do you play sports or exercise?

Yes

What type of sports or exercise?

Jogging, was on the track and field team during school

Please describe your personality.

Outgoing, helpful, responsible, enjoys learning new things

Please describe your hobbies.

Reading, crafts, embroidery, painting, attending medical lectures, and cultural exhibitions

Education Information

Highest level of education completed.

Bachelor's Degree

Do you have any college background?

Master's Degree in Psychology from the School of Medicine, University of Cambridge, UK (admission letter received, starting in November)

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Nursing from Chung Hwa University of Medical Technology		Bachelor's Degree
		Master's Degree in Psychology from the School of Medicine, University of Cambridge, UK (admission letter received, starting in November)		Expected to obtain a Master's degree

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Birth control pills and condoms

How often do you get your menstrual period? / Last Menstruation:

1/25

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

No

Estimated last date of PAP smear, normal or abnormal?

N/A

Personal Health and Medical Information

Overall health condition

Good

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

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.

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 gonorrhoea?

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?

N/A

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?

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?

N/A

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

N/A

Family History

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	52/ good
Height	165 cm
Weight	56 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	housewife

Please tell us some basic details about your biological father

Age and Health Status	56/ good
Height	178 cm
Weight	80 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	healthcare industry

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	78/ good	76/ good	92/ good	85/ natural death
Height	163 cm	181 cm	162 cm	180 cm
Weight	52 kg	78 kg	58 kg	77 kg
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

Egg Donation History

Why do you want to become an egg donor?

Wants to help families in need

Have you donated eggs in the past?

Yes

Please list the date

2017, October 2022, December 2023

Name of the clinic

N/A

Number of eggs retrieved.

2017/USA/17 eggs, October 2022/43 eggs, December 2023/32 eggs

Number of embryos that passed PGS testing.

Pregnancy outcomes (if known and applicable).

First donation

twin boys born

Second donation

one boy and one girl born

Third donation

two boys and three girls