



**ACRC Gametes Donation**

ACRC Global Fertility Holding Group



**AD1301**

**Eye Color**

**Hair Color**

**Height**

**Dark Brown**

**Black**

**156**

**Ethnicity**

**Blood Type**

**Education**

**Asian - Japanese**

**O**

**Bachelors**

**Donor Location**

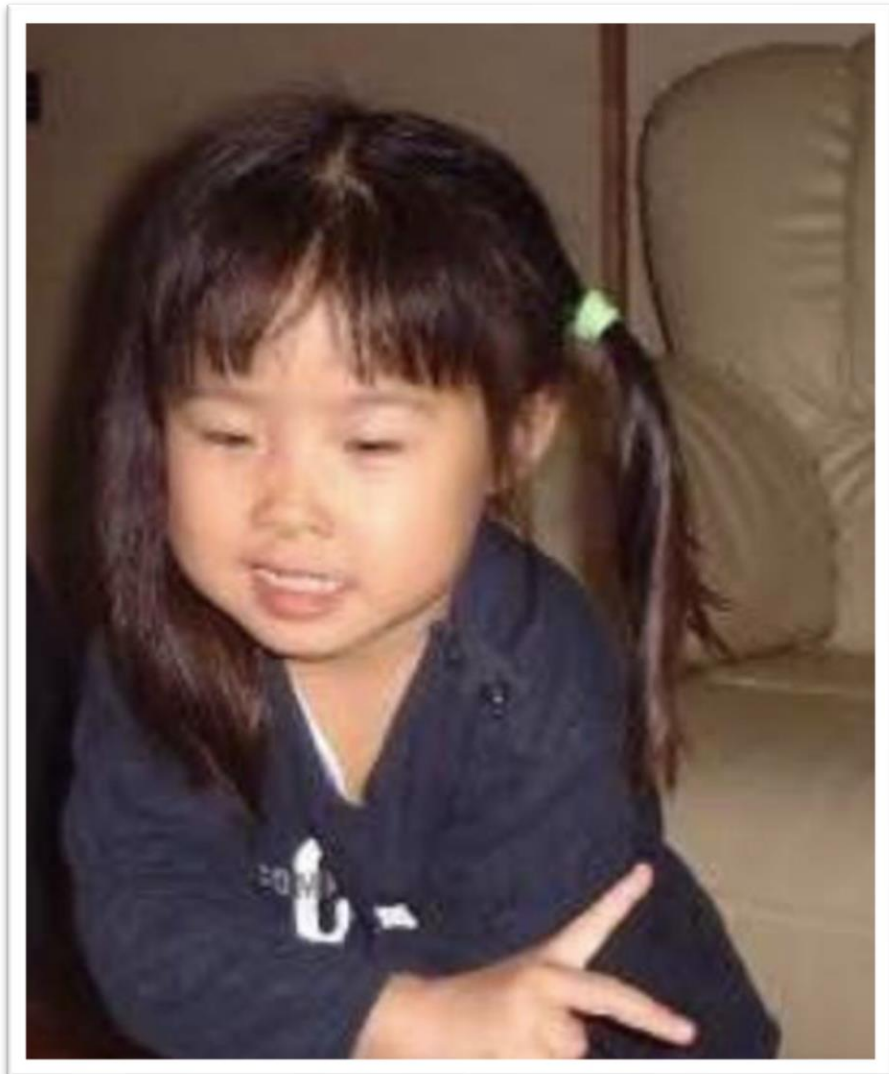
**Date of Birth**

**Japan**

**2000-05-12**

## Donor Photos





## Physical Information

**Eye Color**

Dark Brown

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**Natural Hair Color**

Black

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**Natural Hair Type**

Straight

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**Corrective Dental**

No

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**Weight**

45

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**Vision**

Good

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**Complexion/Skin Tone**

Fair

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**What is your occupation?**

Graphic designer, photo editing, and photo studio assistant.

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**Do you have 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?**

Yoga, Pilates, HIIT, etc.

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**How often do you exercise?**

Yes, 4-5 times per week

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**Please describe your athletic abilities.**

My athletic ability was above average, and my grades in physical education were always top-rated. I was particularly good at short distance running, so I always participated as a relay member in sports days until junior high school. Nowadays, I enjoy working up a sweat by playing tennis with my mother (who was the 4th ranked tennis player in the prefecture) on my days off.

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**Please describe your personality.**

I'm very good at getting along with people. I also love communicating with people and discussing things I have questions about. I have a strong desire for knowledge and want to know various things, so I don't have time to spare. I think they are generally bright.

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**Please describe your hobbies.**

I often interact with friends. People get excited talking about work and love at cafes and shopping malls. I also love walking in the park by myself, and drinking my favorite coffee while looking at the pond at my favorite park is a blissful time. I often spend time relaxing in quiet places where there aren't many people. I have loved drawing since I was in kindergarten. I was so absorbed in drawing that he suddenly disappeared and started drawing on the floor in the middle of a game of tag (lol). I created my own versions of characters from anime and manga. I spend a fulfilling day interpreting things, drawing fan art, and interacting with other fans.

## 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

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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)?**

Yes ,one cup per day.

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

No

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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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**Family has twins or triplets?**

No

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

No

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

No

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**Any of your family members have genetic disorders ?**

No

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## Genetic Information - Family

Please tell us some basic details about your biological mother.

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**Age and Health Status**

55 - Healthy

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**Height**

154

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**Weight**

49

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**Hair Color**

Black

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**Eye Color**

Dark Brown

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**Education & Occupation**

University

Faculty, accountants, medical  
administration

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Please tell us some basic details about your biological father

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**Age and Health Status**

56 -Healthy

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**Height**

173

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**Weight**

60

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**Hair Color**

Black

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**Eye Color**

Dark Brown

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**Education & Occupation**

University Graduate

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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?**

First, if you have any questions about my upbringing or my way of thinking, I would be happy to answer them.

I firmly believe that everyone has the right to have children for any reason.

If my healthy body can help me achieve that goal, I would be truly happy.

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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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**Egg Donation Information**

N/a

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