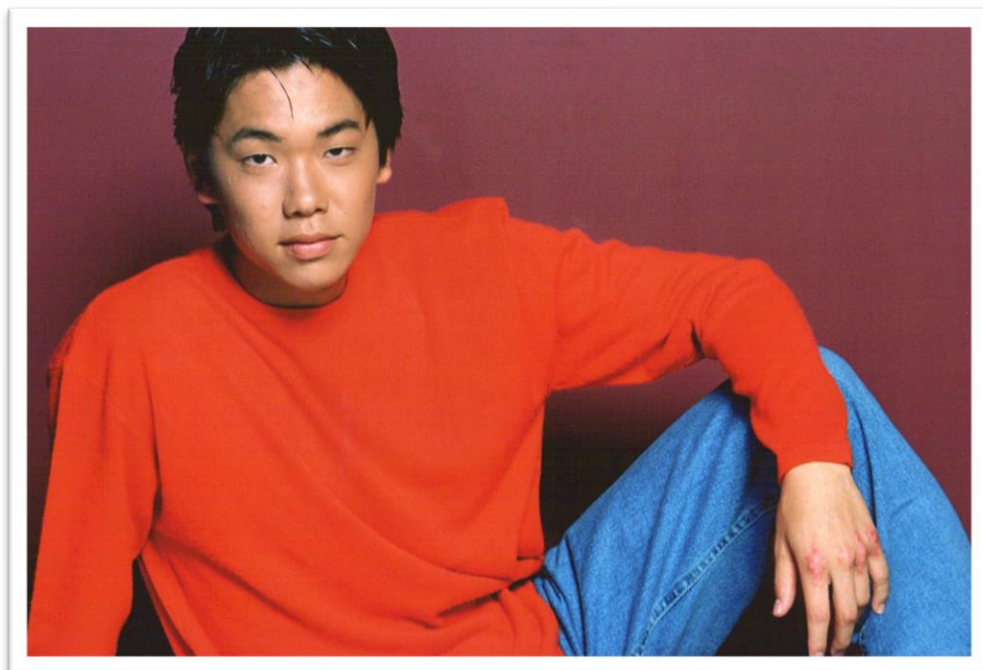




ACRC Gametes Donation

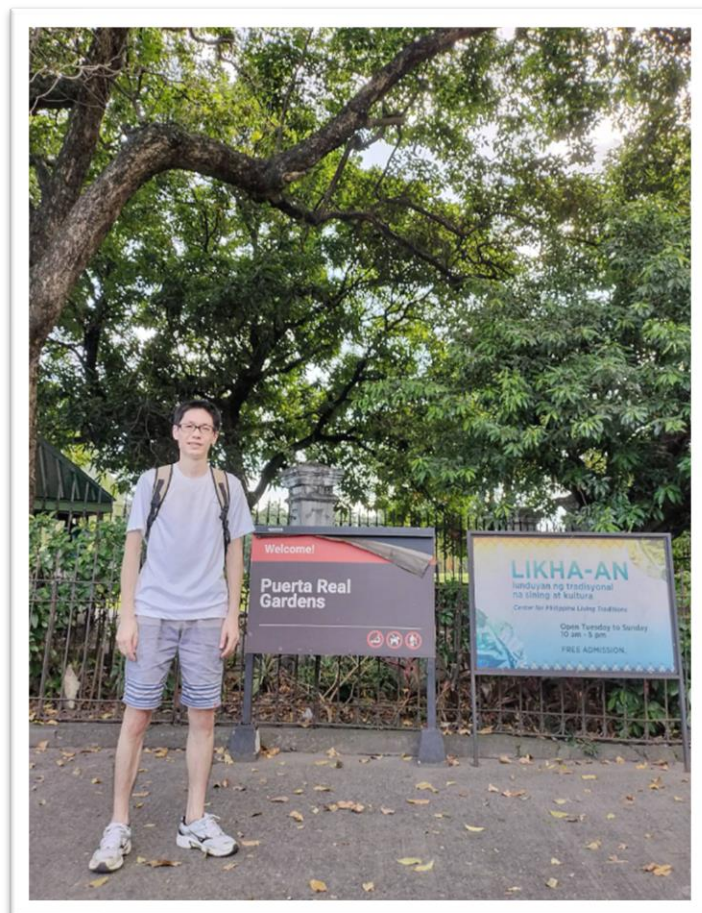
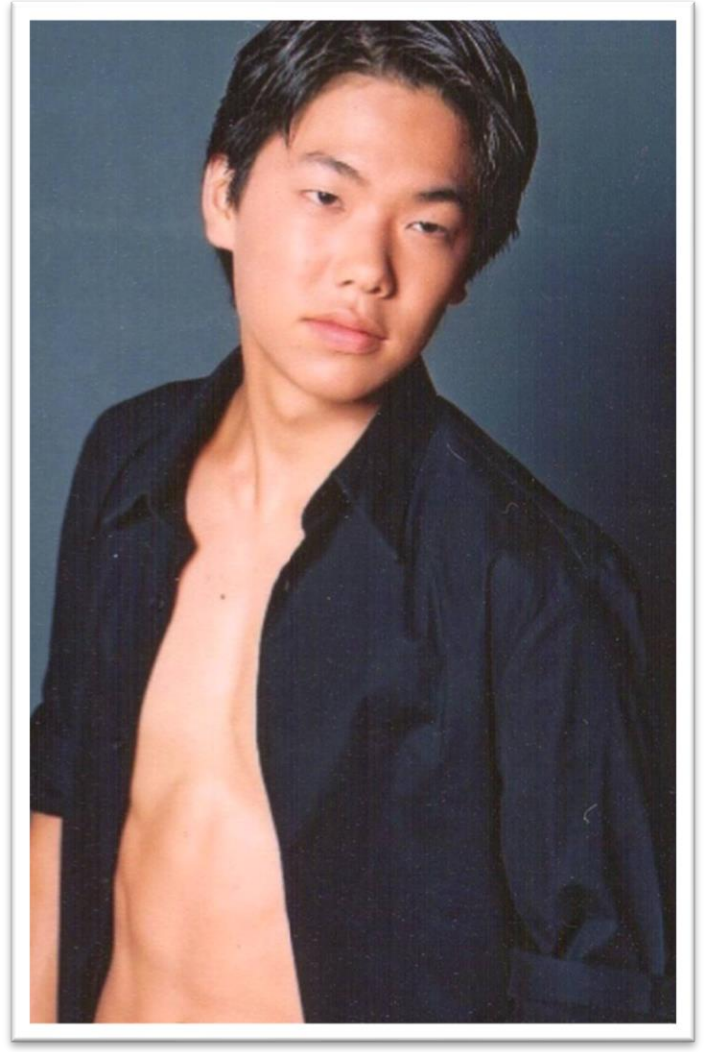
ACRC Global Fertility Holding Group

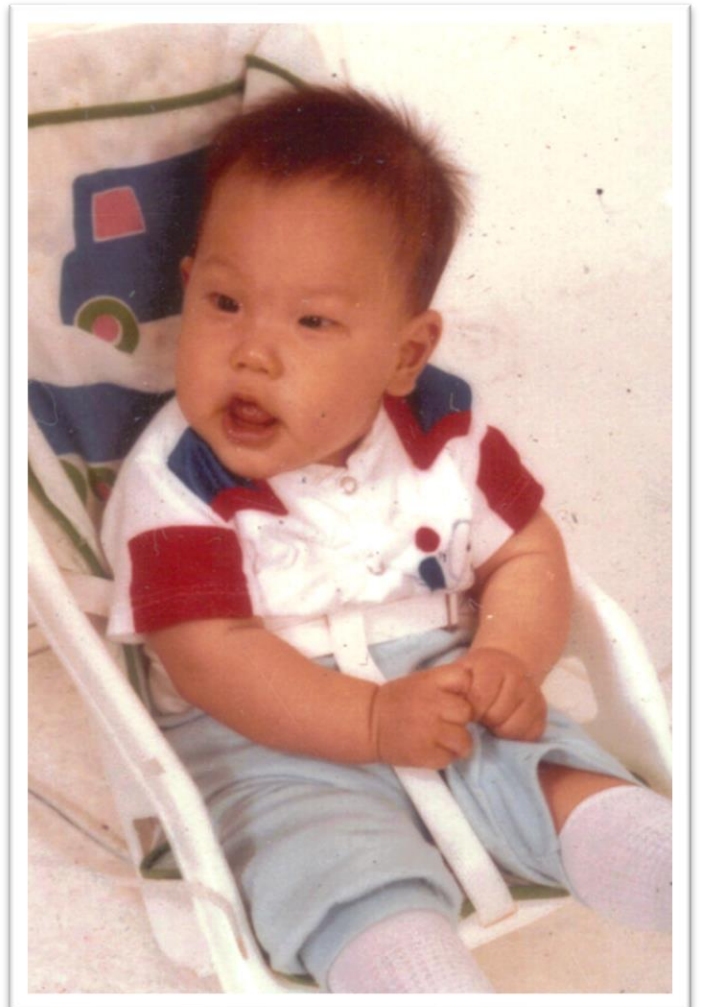


SD1111

Eye Color	Hair Color	Height
Black	Black	170
Ethnicity	Blood Type	Education
Asian - Japanese	A	Masters
Donor Location	Date of Birth	
Japan	1985-03-21	

Donor Photos





Physical Information

Eye

Color

Black

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

Excellent

Complexion/Skin Tone

Fair/Orange

What is your occupation?

Pharmaceutical affairs for a medical device manufacturer

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

Piano

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

N/a

Do you play sports or exercise?

Athletics table

Tennis

How often do you exercise?

3 Days per week

Please describe your athletic abilities.

Tennis

Please describe your personality.

Gentle, kind, and hardworking.

Please describe your hobbies.

Oriental Philosophy

Investment

Karaoke

Education Information

Highest level of education completed.

University Graduate

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Kyoto University Graduate School of Medicine	Japan	Masters	Medical Science

Personal Health and Medical Information

Overall health condition

Excellent

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?

No

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

61-Good

Height

157

Weight

50

Hair Color

Black

Eye Color

Black

Education & Occupation

Graduate School

Please tell us some basic details about your biological father

Age and Health Status

67 - Good

Height

165

Weight

67

Hair Color

Black

Eye Color

Black

Education & Occupation

Graduate School

Engineer

Sperm Donation History

Why do you want to become a sperm donor?

Contributing to society

to counter the declining birthrate and make your dream of becoming a parent come true.

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

Anonymous

Have you donated sperm in the past?

Yes

Please list the date

15 Years Ago

Name of the clinic

Brazil

Number of sperm donations

4