



**ACRC Gametes Donation**  
ACRC Global Fertility Holding Group



**AD1313**

**Eye Color**

**Black**

**Hair Color**

**Black**

**Height**

**163**

**Ethnicity**

**Asian - Japanese**

**Blood Type**

**O**

**Education**

**Bachelors**

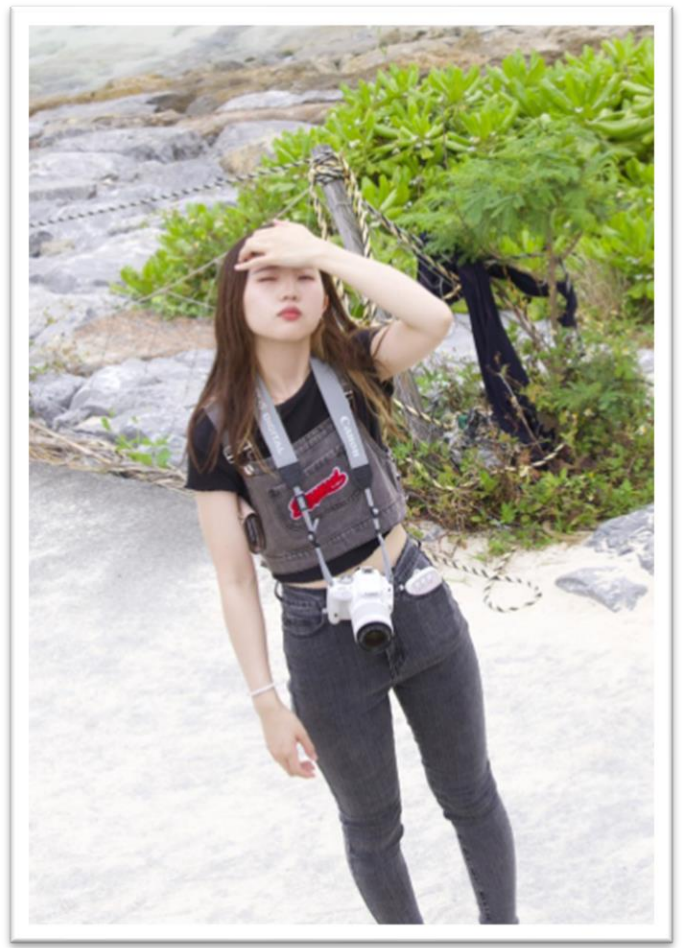
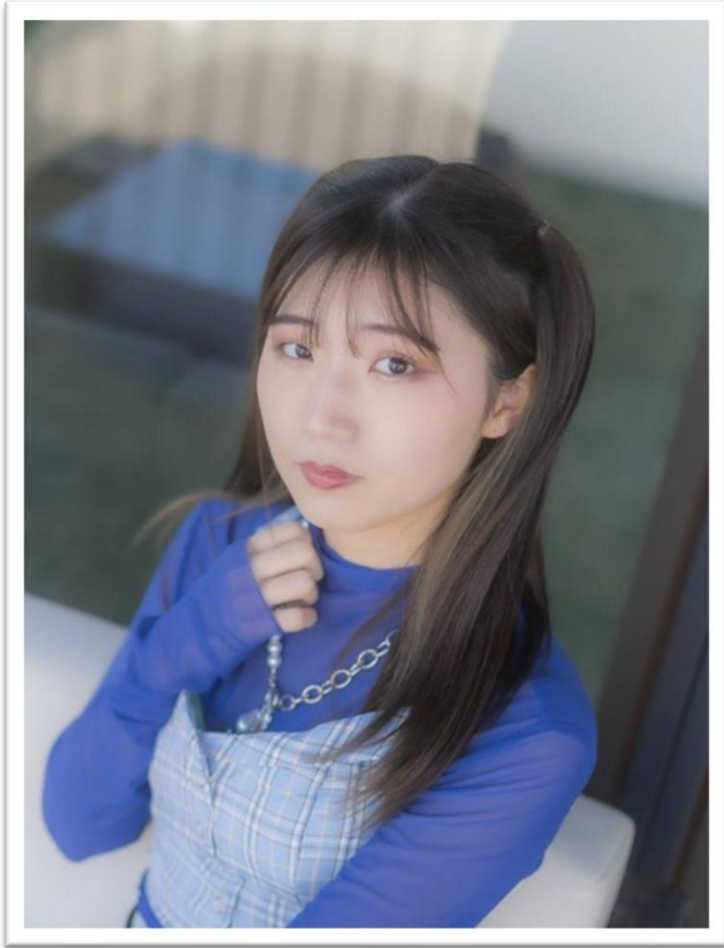
**Donor Location**

**Japan**

**Date of Birth**

**2002-02-11**







## Physical Information

**Eye Color**  
Black

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**Natural Hair Color**  
Black

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**Natural Hair Type**  
Wavy

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**Corrective Dental**  
No

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**Weight**  
53

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**Complexion/Skin Tone**  
Fair

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**What is your occupation?**  
Nurse

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**Do you have any musical talents? If any, please list.**  
Yes, I sing karaoke.

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

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**Do you play sports or exercise?**  
Yes

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**How often do you exercise?**  
4 days per week

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**Please describe your athletic abilities.**  
Bowling  
volleyball  
training

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**Please describe your personality.**  
I am very easygoing and happy.

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**Please describe your hobbies.**  
Music  
Photos &  
Bowling

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## Education Information

**Highest level of education completed.**

College - Bachelors

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**Do you have any college background?**

Yes

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### College Details

Institution	Location	Degree	Majors
N/a	Japan	Bachelors	Nursing

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## 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**

Excellent

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

03/2024

**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

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**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)?**

2 per month

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

2 per month

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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?**

No

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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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**Does your family have twins or triplets?**

No

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

No

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

No

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**Do you or 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**

49-Good

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**Height**

156

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**Weight**

46

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**Hair Color**

Black

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**Eye Color**

Black

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**Education & Occupation**

Bachelor's degree

Nursing

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Please tell us some basic details about your biological father

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**Age and Health Status**

50 - Good

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**Height**

176

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**Weight**

68

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**Hair Color**

Black

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**Eye Color**

Black

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**Education & Occupation**

High School

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Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	80	80	83	85
Height	150	174	150	174
Weight	N/a	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

## Egg Donation History

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

I want to help others.

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

I would like to help you.

Please take  
good care of it. I hope it grows healthy.  
Thank you very much.

**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