



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

**AD1286**



**SUMMARY:**

- DOB: 07/17/1997
- Ethnicity: Asian
- Height: 157cm or 5'2
- Weight: 51kg 112lbs
- Eye Color: Dark Brown
- Hair Color: Black
- Blood Type: A
- Education: College
- Occupation: Student
- Egg Donor Experience:  
First Time Donor!

**HEALTH:**

- Any serious illness? No
- Any medications? No
- Smoke? No
- Alcohol? No























Donor Basic Information

捐贈者基本信息

请尽力回答每个问题。如果您不知道答案，请填写“n/a”。

如果您需要帮助，请随时联系我们！谢谢！

Age 年龄	26	Natural Hair Color 自然发色	黑色
Date of Birth 生日	07/17/1997	Eye Color 眼睛颜色	黑色
Blood Type & RH 血型& RH	A	Birthplace 出生地	Taiwan
Height 身高	157cm	Nationality 国籍	Taiwanese
Weight 体重	51kg	Maternal Heritage 母亲种族	Asian
Complexion 肤色	黃種人（偏白）	Paternal Heritage 父亲种族	Asian

More About Your Donor

捐贈者更多信息

Where do you live now? 现居地

新竹

Taiwan

Where is your occupation?

學生

Student

Level of Education (Please indicate the name of your schools from bachelor or associate degree and above) 学历 · 请标注学校名字

元培醫事科技大學

Yuanpei University of Medical Science and Technology

What are your hobbies, talents, or if you won any rewards from the past? 你的兴趣爱好天赋及是否获得过任何奖项

喜歡手作烘焙，喜歡刺繡

I like baking and embroidery.

Do you do exercise? What kinds of exercise? 健身情况 · 喜欢什么类型的运动

否

No

Egg donation availability 可捐赠时间

立即地

Immediately

How would you describe your personalities and characters?

如何描述自己的性格特点？

覺得自己可以快速融入別人，適應力很好。  
沒有這麼活潑外向，但是可以正常與人交際。

I feel I am adaptable. I am not super outgoing, but I can communicate with people normally.

What language/languages do you speak?

会说那些语言？



國語

英文 只會少許簡單的

Chinese Mandarin and a little bit of English.

If a message could pass, what would you like to say to the intended parents? 如果可以给准父母留言，你想说什么？

親愛的準父母，謝謝您們給我這個機會，我也很開心能夠幫助到您們，捐卵是我多年前生日許下的願望，希望能夠幫助更多需要的人，祝福你們平安健康。

Dear parents-to-be, thank you for giving me this opportunity. I am also very happy to help you. Egg donation is a wish I made on my birthday many years ago. I hope to help more people in need. I wish you peace and health.

## Health and Medical History

### 医疗健康情况

Have you ever donated before? If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable.

是否捐过？如有请列举时间，诊所名字，以及最终结果

否

No

Have you ever done any plastic surgery? 是否有整容

否

No

How often do you drink alcohol? 喝酒的频率

偶爾不常

Occasionally

Do you smoke or vape? 是否吸烟包括电子烟

否

No

Are you taking any medication due to any physical or mental issues? If yes, please indicate the name and dose of meds if applicable. 目前是否因身体或心理原因在吃任何药物？如有，请列举药物名字，计量

否

No

Do you have tattoo or body piercing? If yes, please indicate the year they done 是否有纹身或身体穿洞。如有请列举操作时间

否

No

Methods of birth control (e.g., birth control pills, IUD, condom, or none) 避孕方式

否

None

Do you have a regular menstrual cycle? When was you last menstruation? 月经是否规律？上一次月经是什么时候？

是的



Yes

Have you ever been pregnant or miscarriage before? If yes, how many times and when.

是否怀孕或流产过？如有，几次，什么时候

否

No

Have you ever done surgeries under any physical condition? 是否因身体原因做过手术

否

No

Have you ever been told by doctor that you have serious physical issues? If yes, please explain. 是否被医生告知过身体有重大缺陷，如有，请解释

否

No

Are you Covid-19 vaccinated? 是否打过新冠疫苗？

是 打三劑

Yes, three doses.