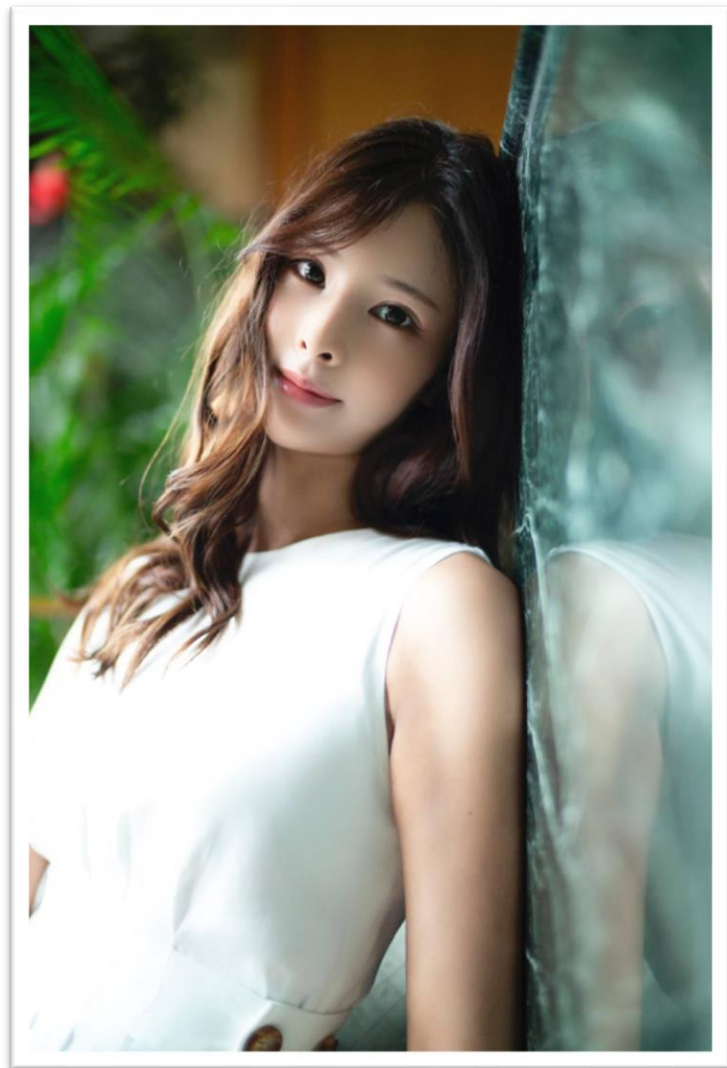




ACRC Gametes Donation
ACRC Global Fertility Holding Group

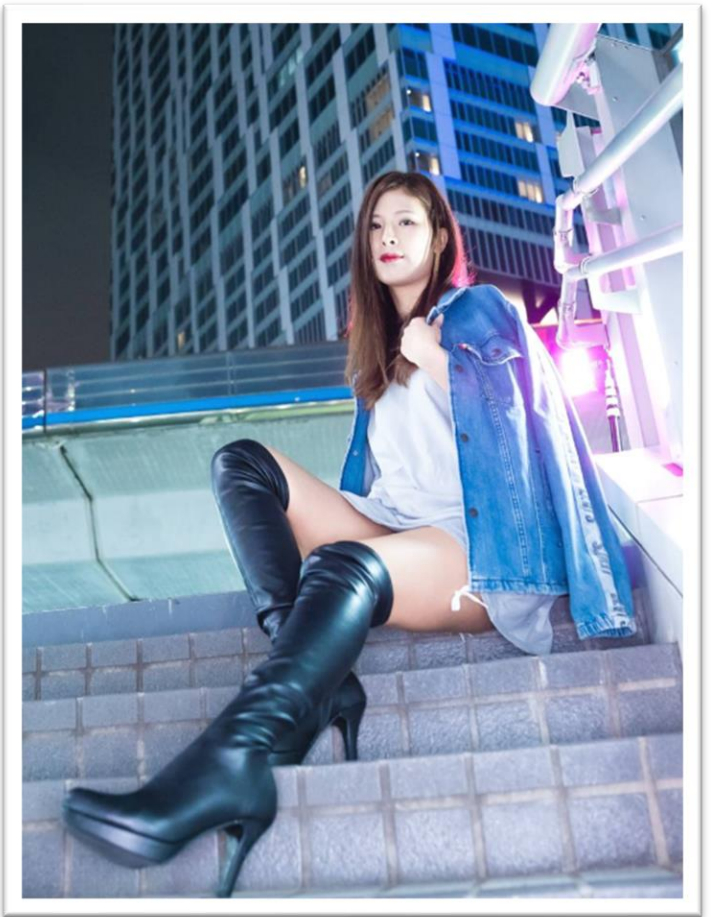
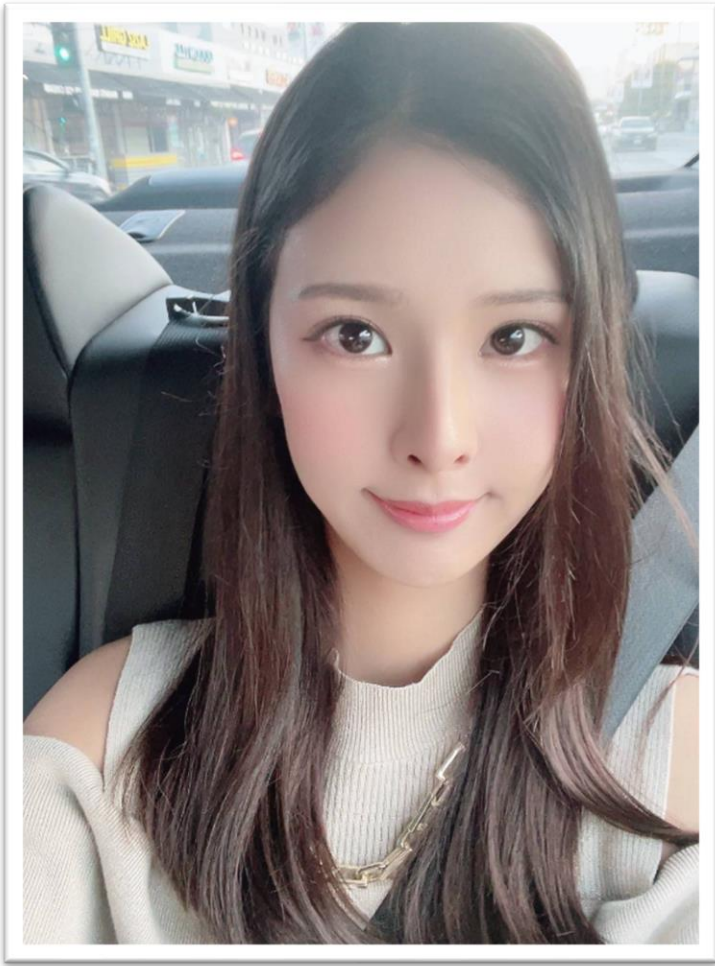


AD1278

Eye Color	Hair Color	Height
Black	Black	172
Ethnicity	Blood Type	Education
Asian - Japanese	A	Bachelors
Donor Location	Date of Birth	
CA, USA	1994-10-10	

Donor Photos





Physical Information

Eye**Color**

Black

Natural Hair Color

Black

Natural Hair Type

Wavy

Corrective Dental

No

Vision

Excellent

Complexion/Skin Tone

Fair

What is your occupation?

Business Owner – Salon

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

N/a

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

N/a

Do you play sports or exercise?

Yes

How often do you exercise?

Often

Please describe your athletic abilities.

I played basketball from elementary school to high school, and entered high school based on a sports recommendation. I was on the 2nd place team in the prefecture. After that, she participated in the Asian Games in the sport of netball at university, so I think she has a high level of athletic ability.

Please describe your personality.

Serious, strong sense of responsibility, family-oriented, kind.

Please describe your hobbies.

Watching fantasy or reality shows and traveling.

I go out to eat with friends, and since I love beauty, I do beauty salons, massages, and other beauty-related things.

Education Information

Highest level of education completed.

University Graduate

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Gunma Prefectural Women's University	Japan	Bachelors	International Communication

Reproductive Information

Have you ever been pregnant?

Yes

Number of Children, if any.

0

Current method of birth control.

Contraceptive pill

How often do you get your menstrual period?

Every 28 days

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

Yes- Abortion

Personal Health and Medical Information

Overall health condition

Excellent

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

2021

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)?

Yes

If yes, please list the surgery procedure and year.

Cheekbones cut

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)?

Weekly

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

Occasionally

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

54-Good

Height

153

Weight

54

Hair Color

Black

Eye Color

Black

Education & Occupation

Vocational School

Business

Please tell us some basic details about your biological father

Age and Health Status

55 - Good

Height

182

Weight

67

Hair Color

Black

Eye Color

Black

Education & Occupation

High School

Electrical construction

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	Deceased	Deceased	75-Good	80-Good
Height	N/a	N/a	153	170
Weight	N/a	N/a	43	55
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

Egg Donation History

Why do you want to become an egg donor?

To help a family.

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

Please cherish it

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