



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CDV018



Eye Color	Hair Color	Height
Green or Blue	Light brown	175 CM/ 69 KG
Ethnicity	Blood Type	Education
White	O	College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Argentina		2000



Basic Information

Date of Birth	<u>30/08/2000</u>
Height	<u>1,75</u>
Weight	<u>69</u>
Hair Color	<u>Light brown</u>
Eye Color	<u>Born blue, now is green or blue, depends of the day</u>
Ethnic Origin	<u>European</u>
Maternal Heritage	<u>German</u>
Paternal Heritage	<u>Italian</u>
Blood Type	<u>0+</u>
Visa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education and Background

Highest Level of education	University
College Major	Journalism
What was your college GPA?	4.2
What college(s) or university(ies) have you attended?	UADE
Do you have any artistic abilities? Please List:	Dance
Do you have any athletic abilities?	Yoga and gym
What is your current occupation?	Im studyng and I´ve a bikini store
Please describe your personality:	Im really positive, kindly, happy, a person who loves animal and my family
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	No
Have you worn braces?	No

Questions:

- Why do you want to become a donor?

Because with my entire heart, I want help someone have a baby and feel complete. My dream is be a mom, and help another person to realize this same dream is beautiful.

- For Egg Donor: Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?

Yes I do

- Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?

Yes I do

- If they request it, are you willing to meet your intended parents?

Yes I am

- Are you open to meeting the child in the future if that is requested?

Yes I am

- Are you open to exchanging future contact information with your intended Parents(s)?

If they want, I don't have any problem with that

- Where did you grow up?

Argentina

- Do you have any siblings? If so, tell us about each of them:
Yes, I've one sister. She's the nicest person in entire world. We only have 3 years if difference, I'm younger than her, and she's my best friend.

- Do you have any children? If so, tell us about each of them:
No

Personal Health History

- Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

No

- Do you drink alcohol? If yes, how many drinks per week?

Yes, not every week, like once a month. Only white wine

- Have you ever been a donor before? If yes, did a pregnancy occur?

No

- Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?

No

- Are you taking any recreational drugs? If yes, what are you taking?

No

- Do you smoke?

No

Egg Donor Please answer:

- Have you ever been pregnant? If yes, how many times and what was the outcome?

No

- Are your menstrual cycles regular? If no, please explain:

Yes

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	No		No		
Mental Retardation	No		Yes No		
Autism / Asperger's	No		Yes No		
Physical Malformation	No		Yes No		
Paralysis or crippling disorders	No		Yes No		
Alcohol or Drug Addiction	No		Yes No		
Cystic Fibrosis	No		Yes No		
Sickle Cell Anemia	No		Yes No		
Lupus	No		Yes No		
Miscarriages, still births, neonatal deaths	No		Yes No		
High blood pressure, heart attacks or strokes	No		Yes No		
Memory loss or dementia	no		Yes No		
Osteoporosis	No		Yes No		
Arthritis	No		Yes No		
Allergies	No		Yes. No		
Blood diseases	No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes No		
Thyroid issues	No		Yes No		
Learning disabilities	No		Yes No		
Seizure or epilepsy	No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Depression	No		Yes No		
Panic attacks	No		Yes No		
Schizophrenia	No		Yes No		
Bipolar Disorder	No		Yes No		
ADD or ADHD	No		Yes No		
Age-related issues	No		Yes No		
Kidney problems / diseases	No		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes No		
Vision/Sight/Eye Problems	No		Yes No		



























