



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code : CDV013**



Eye Color	Hair Color	Height
Green	Dark Blonde	168 CM/ 56.6 KG
Ethnicity	Blood Type	Education
Caucasian	RH	University graduate- Double degree
Donor Location	Willing to Travel Out of State?	Date of Birth
UK		1994



## **Basic Information**

Date of Birth	<b>15/08/1994</b>
Height	<b>125 lb</b>
Weight	<b>5,6 ft</b>
Hair Color	<b>dark blonde</b>
Eye Color	<b>green</b>
Ethnic Origin	<b>caucasian</b>
Maternal Heritage	<b>spain</b>
Paternal Heritage	<b>spain</b>
Dominant hand	<b>Right</b>
Blood Type	<b>Rh+</b>
Visa	<b>Yes</b>

## **Education and Background**

Highest Level of education	<b>Double degree on business and management with East Asian studies ( Chinese ) in university of Manchester uk Level 7 of anatomy and phisiology and dermal aesthetics</b>
College Major	
What was your college GPA?	<b>A</b>
What college(s) or university(ies) have you attended?	<b>University of Manchster</b>
Do you have any artistic abilities? Please List:	<b>Reading and learning about new subjects , travelling and experiencing new cultures.</b>
Do you have any athletic abilities?	<b>Yes skiing , boxing , Pilates and yoga</b>
What is your current occupation?	<b>Business owner -medical clinic</b>
Please describe your personality:	<b>I'd describe my personality as approachable, empathetic, and adaptable. I aim to be a reliable and thoughtful companion, offering clarity and support when needed. My character is rooted in curiosity, integrity, and a genuine desire to help. I try to balance being analytical with being creative, and I'm always open to learning and growing to better meet your needs</b>

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<b>No</b>
Have you worn braces?	<b>No</b>
What languages do you speak?	<b>Spanish, English.</b>

**Questions:**

- Why do you want to become a donor?

**I want to become an egg donor because I believe in the incredible opportunity to help others build the family they've dreamed of but may not be able to achieve on their own. Specially being a mum of 2.**

- 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.**

- 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.**

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

**Yes**

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

**Yes**

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

**Yes**

- Where did you grow up?

**I grew up in Spain, studied in UK and USA.**

- Do you have any children? If so, tell us about each of them:  
**Yes, 6 years old daughter and 2 years old daughter.**
- Do you have any siblings? If so, tell us about each of them:  
**Yes I have a younger sister she is 28 years old , she is my soul mate**

### **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?  
**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.**
- Have you ever been a donor before? If yes, did a pregnancy occur?  
**No.**

### **Egg Donor Please answer:**

- Have you ever been pregnant? If yes, how many times and what was the outcome?  
**Yes, two times.**
- Are your menstrual cycles regular? If no, please explain:  
**Yes, every 28 days.**
- What contraceptive methods do you use?  
**Condom**



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

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





















