



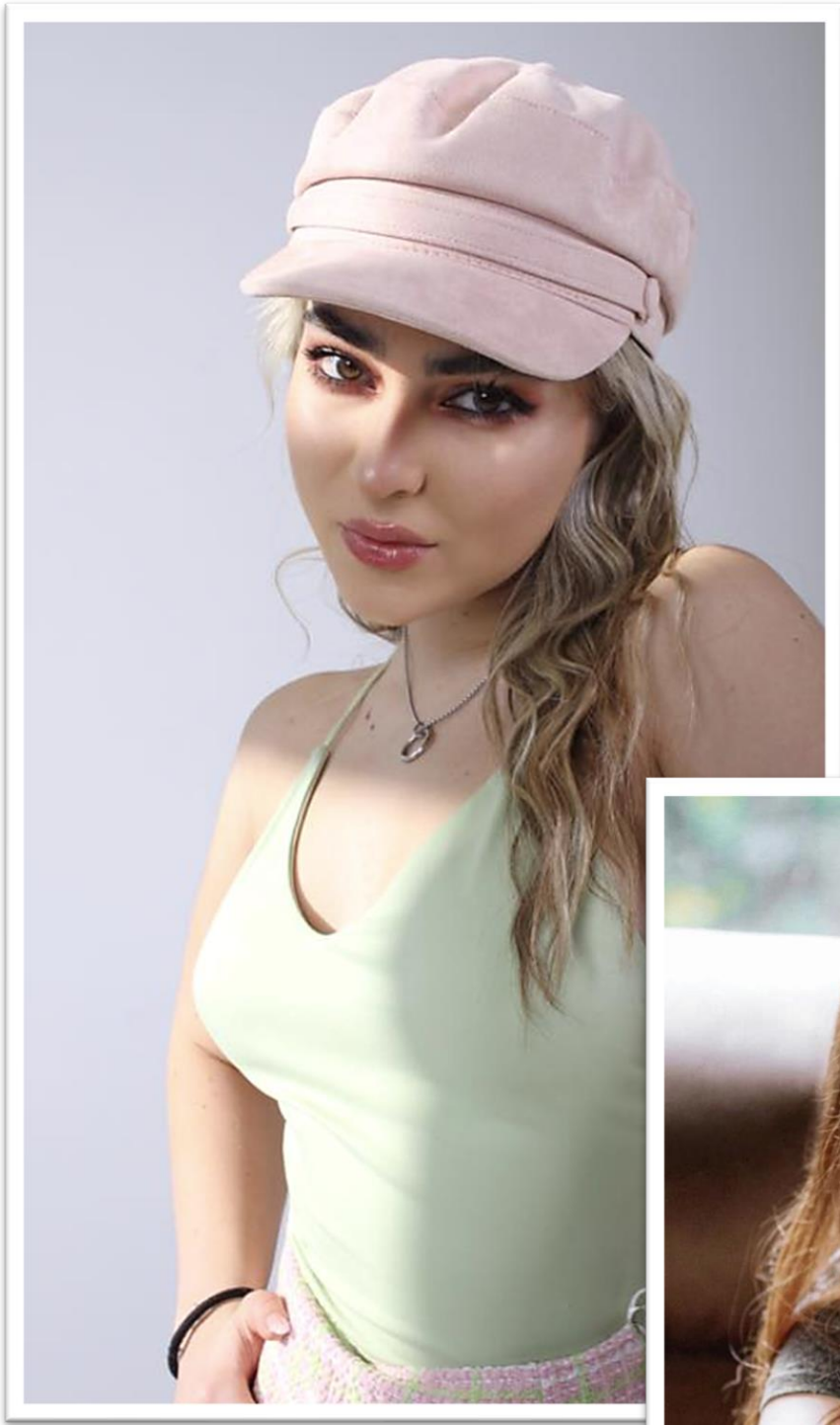
ACRC Gametes Donation
ACRC Global Fertility Holding Group

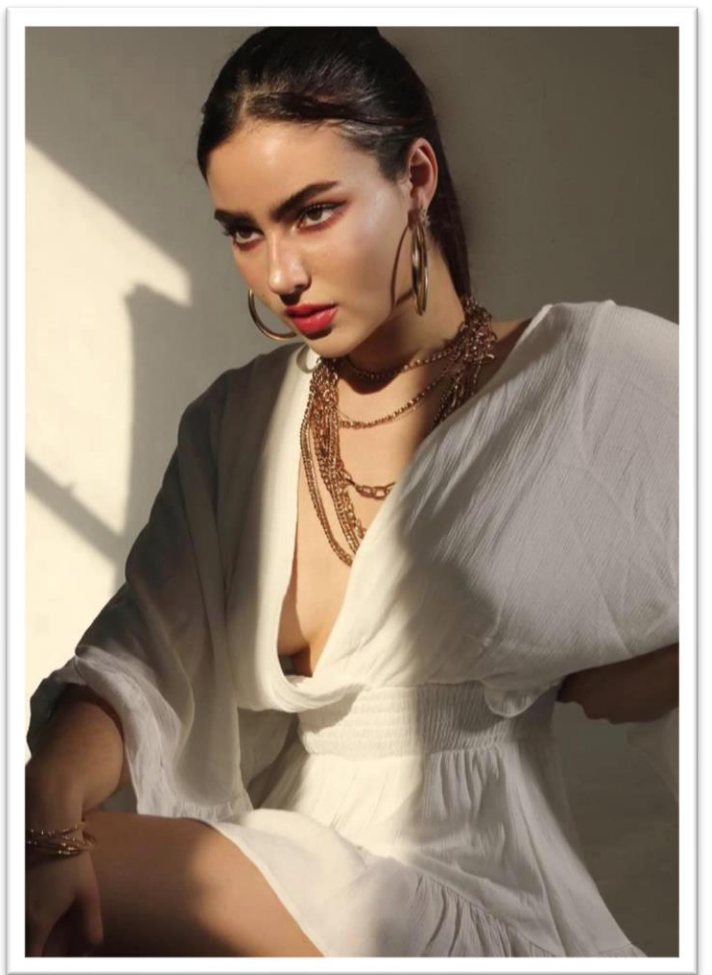
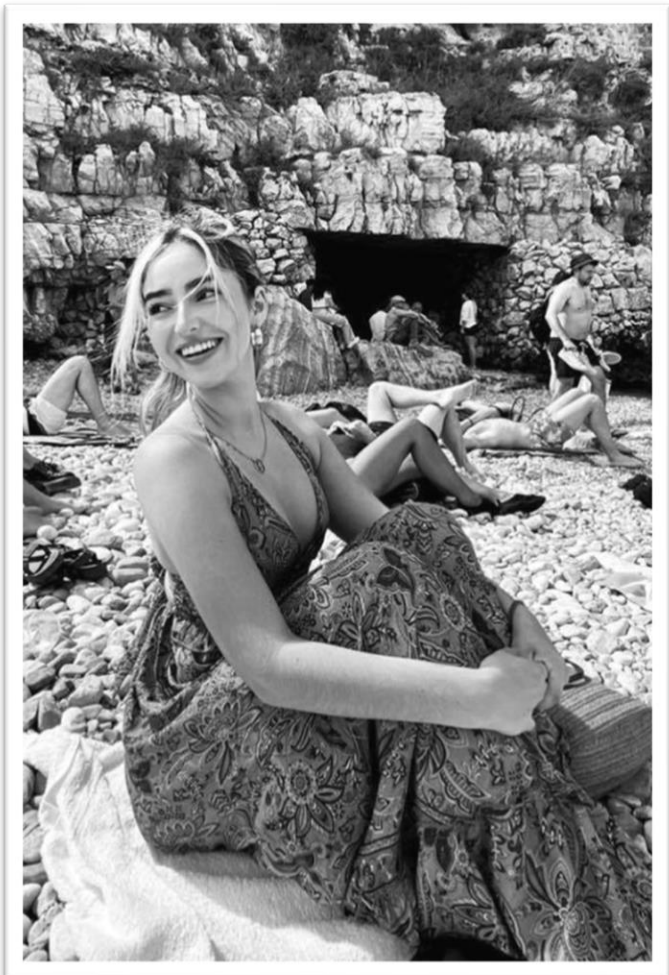
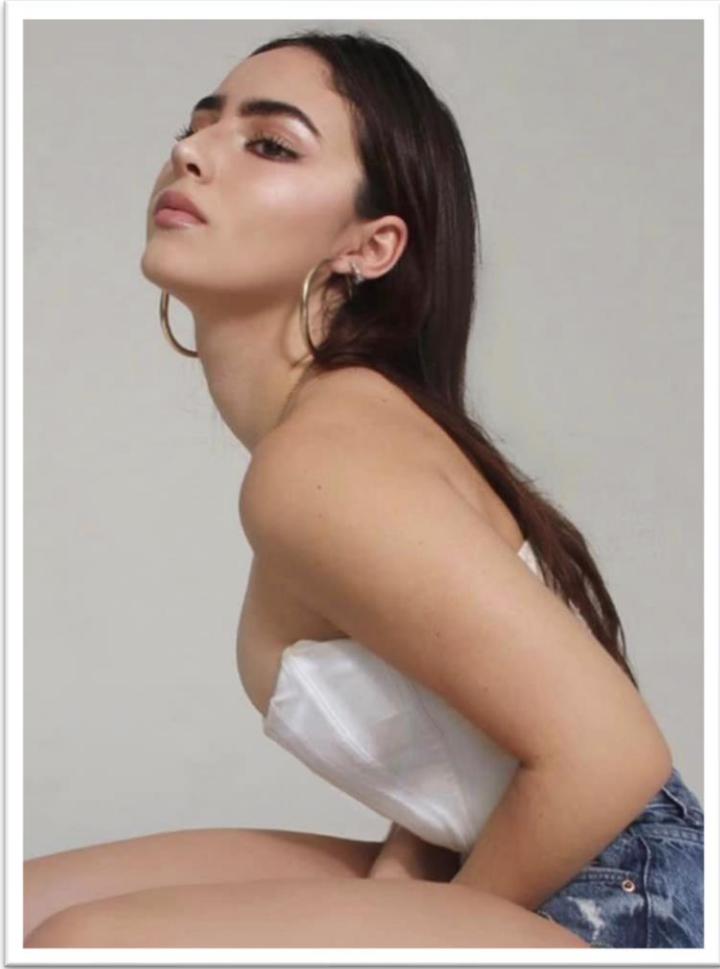
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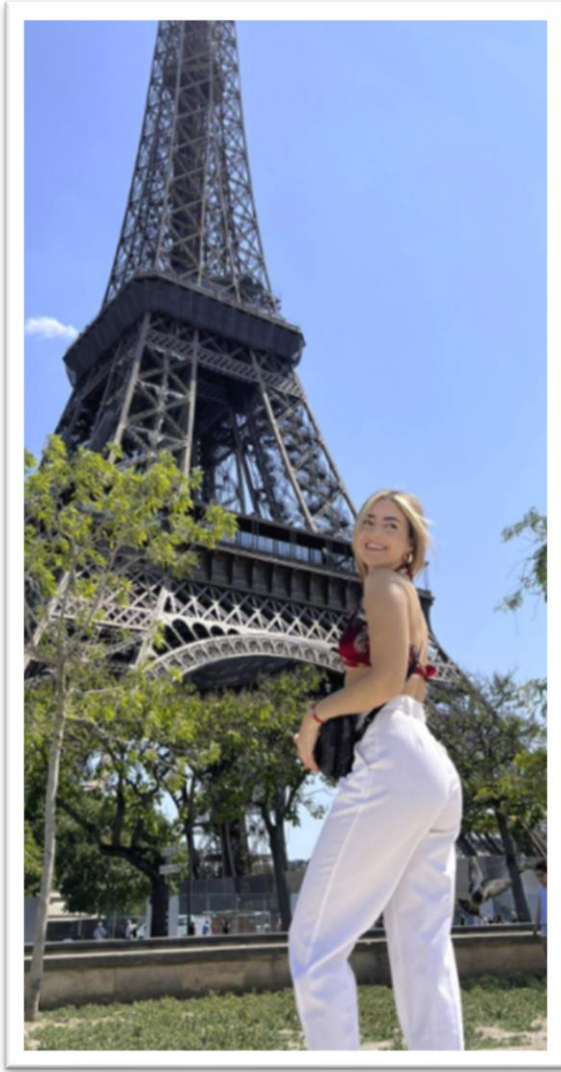
Eye Color	Hair Color	Height
Hazel	Brown	170cm or 5'7
Ethnicity	Blood Type	Education
Hispanic - Italian	A	High School
Donor Location	Year of Birth	
New York, USA	2003	

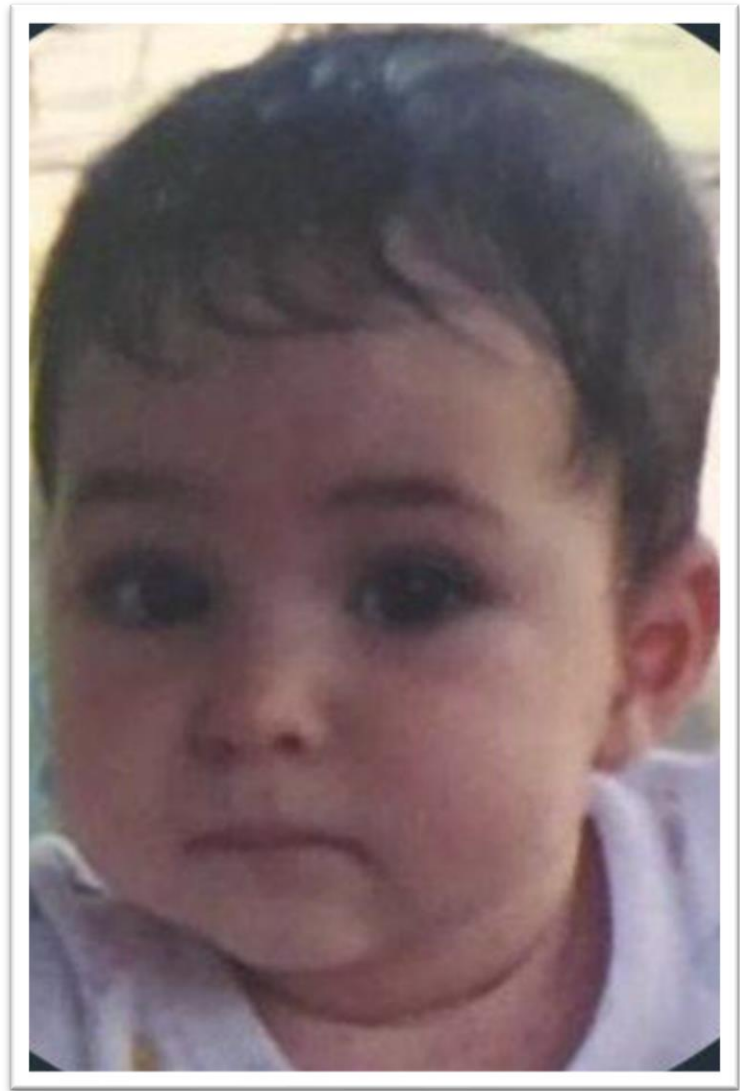
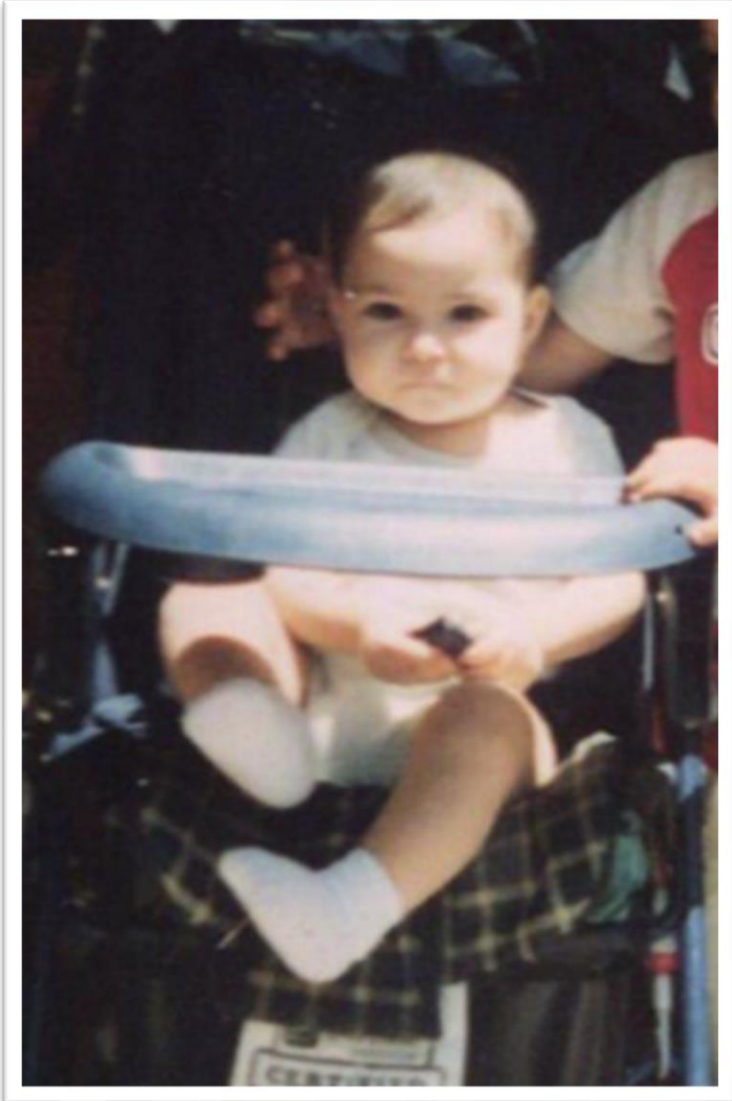
Donor Photos











Physical Information

Eye Color

Hazel

Natural Hair Color

Brown

Natural Hair Type

Straight

Corrective Dental

No

Vision

Good

Complexion/Skin Tone

Fair

What is your occupation?

Model

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

Yes, Pianist

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

All my life I, been in many courses, I was in the artistic gymnastic federation for 3 years, 1 year in theater, play ping pong for one year, Play soccer for 5 years, Dance since I was 4 and keep dancing, I was in track and I run almost for 10 years now, I was 2 years in handball federation like my sisters.

Im an really creative person, I paint all my life and keep doing it, paint portraits, landscapes, sunsets, I am really creative, and I have also have been one of the best in my art classes.

Do you play sports or exercise?

Dancing, Handball, Track, Soccer, Gymnastics

How often do you exercise?

Every day.

Please describe your athletic abilities.

Track, Running, Soccer, and gymnastics.

Please describe your personality.

I am a calm person, patient, I have a maternal talent with kids, really gentle I consider a strong mind and heart person, always searching to be a better version, every day.

Grateful and happy person that enjoy the trivial things, observative person, I am always looking for the little but for me vital details, I am not judgmental, a deep lover always loving everything in my environment and searching the positive and beautiful things around me. I love to work on myself and my look too, I consider an elegant person but mostly a great heart person, which love to adventure and always looking for something new to do .

Please describe your hobbies.

Spend my time working, exercising, and searching for new opportunities for myself, I am also a model in New York City. I have modeled since I was 13 years old.

Education Information

Highest level of education completed.

High School

Do you have any college background?

Yes, and IQ - 130

College Details

Institution	Location	Degree	Majors
Capouilliez	New York	N/a	Design

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

None

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

Good

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

2023-10-27

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

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)?

No

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?

Good

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 basic details about your biological mother.

Age and Health Status

50-Good

Height

5'6

Weight

56

Hair Color

Blonde

Eye Color

Green

Education & Occupation

College

Please tell us basic details about your biological father

Age and Health Status

64-Good

Height

6'0

Weight

60kg

Hair Color

Brown

Eye Color

Hazel

Education & Occupation

College-PH.D Veterinarian

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age	73-Good	78-Unknown	90-Good	100-Deceased
Height	5'6	N/a	5'7	6'0
Weight	120	N/a	120lbs	170lbs
Hair Color	Brown	N/a	Brown	Brown
Eye Color	Brown	N/a	Hazel	Hazel

Egg Donation History

Why do you want to become an egg donor?

I would love to see a happy family and, I would love to help others have a family.

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

With all the love in the world, being a part of this is something I will be eternally grateful for.

Every part of me tells me that it will be a life full of light, love and a lot of happiness.

Congratulations, may this whole process be a wonderful adventure and the most important thing is that at this light that is on its way has an incredible family.

I send you a big hug and above all I send you the best wishes throughout this process.

What kind of contract do you want to sign with your prospective parents?

Anonymous or Known

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