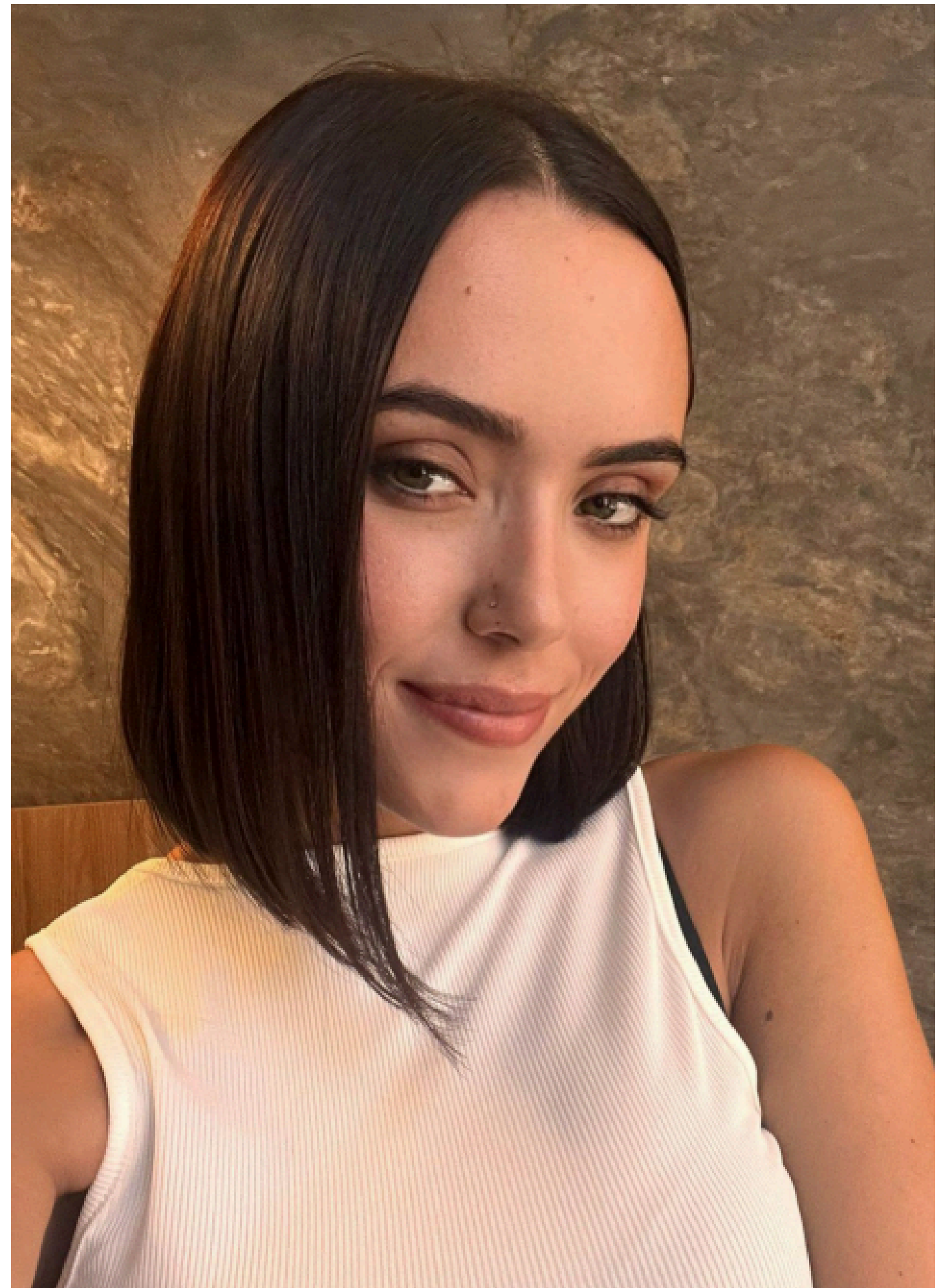




ACRC Gametes Donation
ACRC Global Fertility Holding Group

Donor Code: CD1358



Eye Color

Green

Hair Color

Brown

Height

163 cm

Ethnicity

Caucasian

Blood Type

O

Education

University degree

Donor Location

Spain

Willing to Travel Out of State?

Date of Birth

13-11-1998

Basic Information

Date of Birth	<u>13-11-1998</u>
Height	<u>1.63</u>
Weight	<u>53</u>
Hair Color	<u>Brown</u>
Eye Color	<u>Green</u>
Ethnic Origin	<u>Caucasian</u>
Maternal Heritage	<u>Caucasian</u>
Paternal Heritage	<u>Caucasian</u>
Blood Type	<u>O+</u>
Visa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education and Background

Highest Level of education	<u>University degree</u>
College Major	<u>El Limonar International School</u>
What was your college GPA?	<u>7.0</u>
What college(s) or university(ies) have you attended?	<u>Universidad Católica de Murcia</u>
Do you have any artistic abilities? Please List:	<u>Makeup</u>
Do you have any athletic abilities?	<u>Running and cycling</u>
What is your current occupation?	<u>Early childhood teacher and makeup artist</u>
Please describe your personality:	<u>I consider myself an active person always with a good attitude on learning, I like to pay attention to details and have a good ability on organization.</u> <u>I'm resolute in front of public, empathetic and I maintain a kind manner with people. I like to be interested in what I do.</u>
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<u>No</u>
Have you worn braces?	<u>No</u>

Questions:

- Why do you want to become a donor?

I've always been interested in becoming a donor because I would like to contribute with other people who can't have children, to be able have them. I don't see anything wrong with it, both donor and receptor benefit from it.

- 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 no, please explain:

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

No

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

No

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

No

- Where did you grow up?

In Murcia, south of Spain

- Do you have any siblings? If so, tell us about each of them:

1 brother, he is 38 years old

- 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?
No
- 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, I use contraceptive pills

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

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







