



ACRC Gametes Donation

ACRC Global Fertility Holding Group



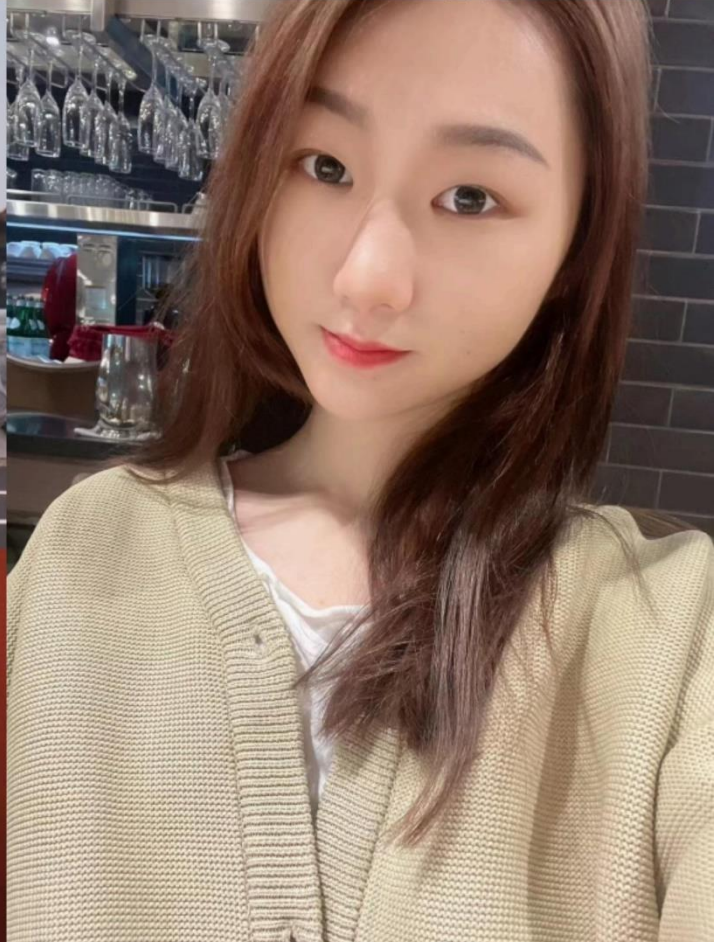
AD140

Eye Color	Hair Color	Height
Brown	Black	154cm
Ethnicity	Blood Type	Education
Asian	B	College
Donor Location	Date of birth	
Taiwan	2000-11-12	

Donor Photos













Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

350diopers

Complexion/Skin Tone

Fair

What is your occupation?

Makeup Artist

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

No

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

N/a

Do you play sports or exercise?

Yes

How often do you exercise?

N/a

What type of sports or exercise?

Swimming, Badminton

Please describe your athletic abilities.

Good

Please describe your personality.

Very outgoing and sociable, with a good temper and independent.

Please describe your hobbies.

Eyelash Extension, Makeup, Cosmetic Tattoo

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Min-Hwei College of Health Care Management	Taiwan	Beauty and Health Science

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Condom

How often do you get your menstrual period?

28-30days

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

No

Estimated last date of PAP smear, normal or abnormal?

N/a

Personal Health and Medical Information

Overall health condition

Good

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

N/a

What were the results of your last pap smear?

N/a

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)?

N/a

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?

Yes

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?

N/a

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	50/health
Height	162cm
Weight	N/a
Hair Color	Black
Eye Color	Brown
Education & Occupation	High school / Accountant

Please tell us some basic details about your biological father

Age and Health Status	60/Health
Height	176cm
Weight	N/a
Hair Color	Black
Eye Color	Brown
Education & Occupation	High school/ Customs Broker

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	73/Health	78/ Health	76/ Health	80/ Health

Height	160cm	172cm	160cm	175cm
Weight	N/a	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

Why do you want to become an egg donor?

I hope to have the ability to help other infertility patients as well.

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

N/a

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

N/a

Have you donated eggs in the past?

Yes

Please list the date

2023/05/25

Name of the clinic

N/a

Number of eggs retrieved.

N/a

Number of embryos that passed PGS testing.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

N/a

Second donation

N/a

Third donation

N/a

