



## ACRC Gametes Donation

ACRC Global Fertility Holding Group



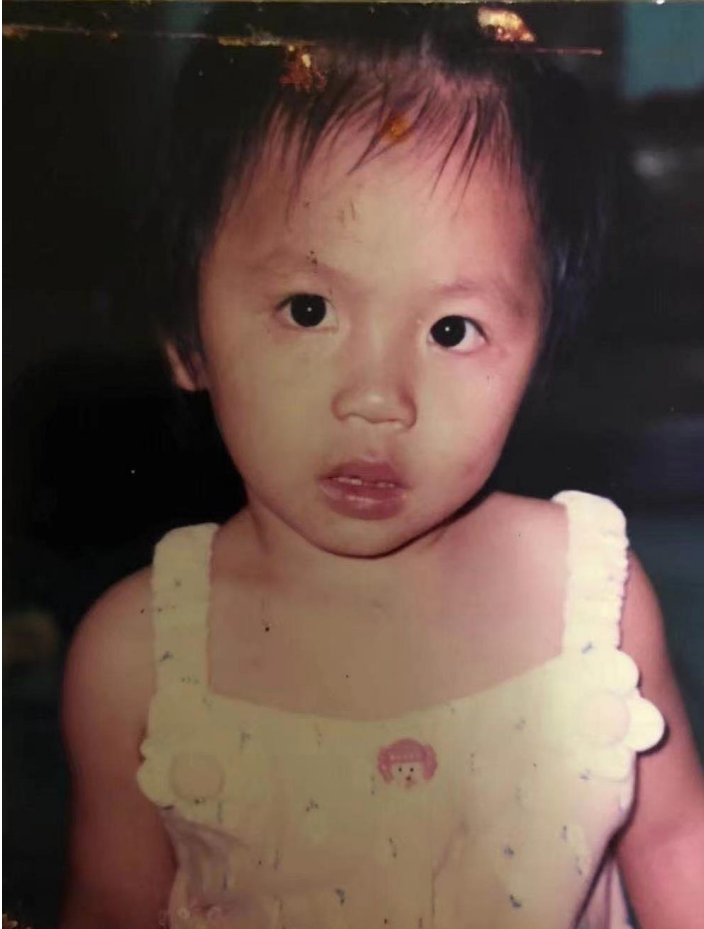
# ADJ051

Eye Color	Hair Color	Height
Black	Black	167
Ethnicity	Blood Type	Education
Taiwanese	O	University
Donor Location	Date of birth	
Kaohsiung	1998/06/30	

## Donor Photos







## Physical Information

**Eye Color**

**Black**

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**Natural Hair Color**

**Black**

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**What is your occupation?**

**Accountant and manicurist**

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

**piano, recorder**

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

**I play the piano and am also a rhythmic gymnast.**

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**Do you play sports or exercise?**

**Yes**

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**What type of sports or exercise?**

**I used to be a rhythmic gymnastics athlete and also likes to learn other sports, such as swimming, Pilates, and tennis.**

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**Please describe your academic strength.**

**sports and language arts.**

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**Describe the languages you speak and your proficiency level:**

**Chinese / Fluent, English / Intermediate, Spanish / Basic.**

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**Please describe your personality.**

I am a very lively, optimistic and cheerful person. I also like to challenge new things and make new friends.

Please describe your hobbies.

I like listening to music, reading and exercising.

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## Education Information

Highest level of education completed.

Master

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Do you have any college background?

Yes

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### College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		National Cheng Kung University	Kaohsiung City	Sports, Health and Recreation

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## Reproductive Information

Have you ever been pregnant?

No

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Number of Children, if any.

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Current method of birth control.

N/A

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**How often do you get your menstrual period?**

30 days

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

No

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**Estimated last date of PAP smear, normal or abnormal?**

N/A

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## Personal Health and Medical Information

**Overall health condition**

Good

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

N/A

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**What were the results of your last pap smear?**

N/A

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**Are you adopted?**

No

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**If so, do you have your biological parents' information?**

N/A

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**Do you have or have you ever had a serious health problem?**

No

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**Are you currently treating any diseases? If so, please list.**

No

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**Have you ever had any surgery (medical, dental or plastic/cosmetic)?**

No

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If yes, please list the surgery procedure and year.

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Have you taken any medications within the past 12 months?

No

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Have you ever been diagnosed with cancer?

No

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Do you have any birth defects?

No

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Have you ever had any STI/STDs?

No

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Have you ever had syphilis or gonorrhea?

No

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Have you ever had hepatitis B or C?

No

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Have you ever had serious mental health issues?

No

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Do you have any allergies?

N/A

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Do you drink coffee? How often (daily or weekly)?

No

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Do you drink alcohol? How often (daily or weekly)?

No

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Do you smoke, vape, or use marijuana? How often (daily or weekly)?

No

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How is your hearing without a hearing aid?

Normal

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Have you ever had any complications with anesthesia?

N/A

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Have you had any shots or vaccines given in the last 12 months?

N/A

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Have you ever taken anti-malarial drugs or had malaria?

N/A

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## Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	51/good
Height	163 cm
Weight	55 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	University/ Construction company owner

Please tell us some basic details about your biological father

Age and Health Status	54/good
Height	178 cm
Weight	60 kg
Hair Color	Black
Eye Color	Black
Education & Occupation	University/ Restaurant owner

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	73	77	74	77
Height	162 cm	182 cm	160 cm	180 cm
Weight	48 kg	75 kg	50 kg	70 kg
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

## Egg Donation History

Why do you want to become an egg donor?

I hope to help families who want to have children.

Have you donated eggs in the past?

Yes

Please list the date

2023/10/26, 2024/ 02/03, 2024/05

Egg retrieval location

1st and 2nd retrievals in the United States. 3rd retrieval in China.

Number of eggs retrieved.

1st retrieval: 33, 2nd retrieval: 38, 3rd retrieval: 25 eggs.

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