



ACRC Gametes Donation

ACRC Global Fertility Holding Group

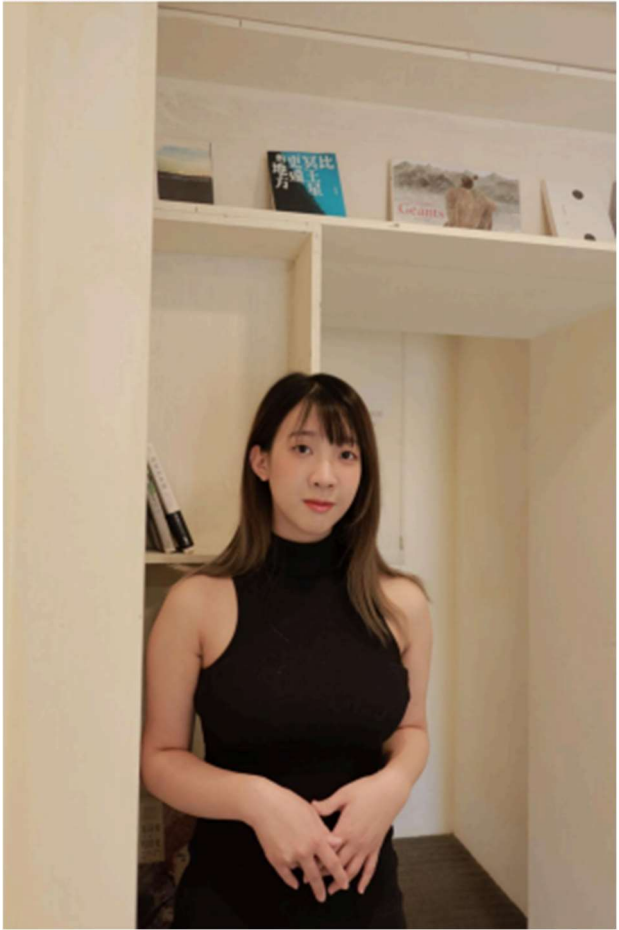


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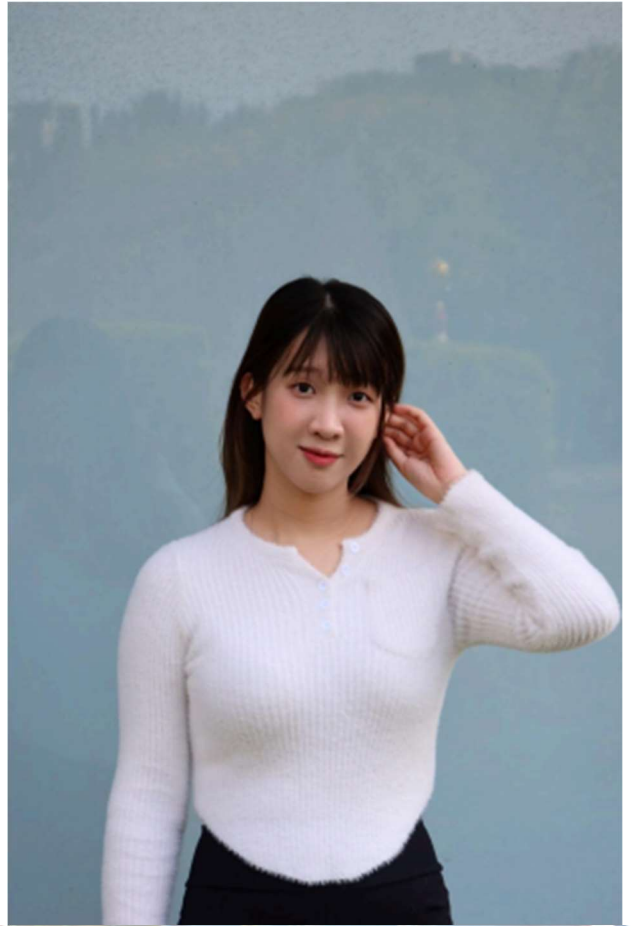
Eye Color	Hair Color	Height
Brown	Black	163 cm
Ethnicity	Blood Type	Education
Taiwanese	B	Chia Nan University of Pharmacy & Science
Donor Location	Date of Birth	
Taiwan	June 9, 2000	

Donor Photos











Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

No

Complexion/Skin Tone

Fair

What is your occupation?

Service Industry

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

N/a

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

N/a

Do you play sports or exercise?

Weightlifting

How often do you exercise?

N/a

What type of sports or exercise?

Weightlifting

Please describe your athletic abilities.

Passionate, outgoing, lively, and strong.

Please describe your personality.

Passionate, outgoing, lively, and strong.

Please describe your hobbies.

Reading books, Drawing, Watching movies

Education Information

Highest level of education completed.

University-Bachelors

Do you have any college background?

Chia Nan University of Pharmacy & Science

College Details

Institution	Location	Degrees/Majors
Chia Nan University of Pharmacy & Science	Taiwan	Management and Application of Cosmetics

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

N/a

How often do you get your menstrual period?

Monthly

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

No

Estimated last date of PAP smear, normal or abnormal?

No

Personal Health and Medical Information

Overall health condition

Healthy

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

Oct,2023

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.

No

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?

Yes

Have you had a piercing within the past 6 months?

Yes

How is your hearing without a hearing aid?

Excellent

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?

N/a

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	54
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Height	168
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Weight	N/a
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Hair Color	Black
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Eye Color	Black
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Education & Occupation	community college
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Please tell us some basic details about your biological father

Age and Health Status	61
Height	175
Weight	N/a
Hair Color	Black
Eye Color	Black
Education & Occupation	University

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	87	89	82	85
Height	169	172	160	173
Weight	N/a	N/a	N/a	N/a
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 aim to contribute my efforts to assist others. Keep going, and I hope for the health of children in the future. I aspire to be of help to you all."

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

I hope for the future children to be healthy, and I hope I can help you

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

Oct,2022

Name of the clinic

Taiwan

Number of eggs retrieved.

22

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
