



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code :

ADJ061



Eye Color	Hair Color	Height
Brown	Black	167cm
Ethnicity	Blood Type	Education
Taiwanese	O	College Graduate
Donor Location	Date of Birth	
Taiwan	1994/07/10	

Donor Photos



Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

N/A

Corrective Dental

Vision

No myopia

Complexion/Skin Tone

Fair

What is your occupation?

Do you play sports or exercise?

Yes

How often do you exercise?

three times a week

Please describe your personality.

Optimistic, cheerful, proactive, enterprising, focused, and responsible.

Please describe your hobbies.

Reading, exercising, hiking.

Education Information

Highest level of education completed.

University graduate

Do you have any college background?

Yes

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		National Chengchi University	Taipei	History

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

Current method of birth control.

No sexual activity

How often do you get your menstrual period?

On time, 4 days

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?

Are you adopted?

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

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.

Have you taken any medications within the past 12 months?

N/A

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?

Have you ever been rejected for a blood transfusion?

Have you ever had serious mental health issues?

No

Do you have any allergies?

Do you drink coffee? How often (daily or 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?

N/A

Have you had a piercing within the past 6 months?

N/A

How is your hearing without a hearing aid?

No

Have you ever had any complications with anesthesia?

N/A

Family History

Have you or your immediate family suffered from infertility?

Does your family have twins or triplets?

Have any of your family members ever had a serious illness?

Have any of your family members ever had a serious mental illness?

Do you or any of your family members have genetic disorders ?

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	59
Height	162
Weight	
Hair Color	Black
Eye Color	Brown
Health Status	Good

Please tell us some basic details about your biological father

Age and Health Status	62
Height	178
Weight	
Hair Color	Black
Eye Color	Brown
Health Status	Good

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	88/Good	70/Deceased Myocardial infarction	86/Good	73/ Deceased Car accident
Height	163	175	160	170
Weight				
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

Why do you want to become an egg donor?

Hope to be able to help future prospective parents.

Have you donated eggs in the past?

Yes

Please list the date

2023/04/19

Egg retrieval location

San Diego, USA

Number of eggs retrieved.

18

Number of embryos that passed PGS testing.

N/A

Pregnancy outcomes (if known and applicable).

N/A

First donation

Second donation

Third donation