



ACRC Gametes Donation

ACRC Global Fertility Holding Group



ADJ024

Eye Color	Hair Color	Height
Brown	Brown	160
Ethnicity	Blood Type	Education
Taiwanese	O	University
Donor Location	Date of Birth	Weight
Taiwan	1993/7/3	56

Donor Photos







Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

No

Complexion/Skin Tone

natural

What is your occupation?

Consulting

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

N/a

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

Interior design

Do you play sports or exercise?

Yes

How often do you exercise?

N/a

What type of sports or exercise?

Proficient in track and field events, particularly long-distance running and high jump

Please describe your athletic abilities.

Please describe your personality.

Introverted and optimistic

Please describe your hobbies.

Interior design

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

Reproductive Information

Have you ever been pregnant?

Yes (once)

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)

N/a

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-(2)

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	48
Height	165
Weight	70kg
Hair Color	Black
Eye Color	Brown
Education & Occupation	N/A

Please tell us some basic details about your biological father

Age and Health Status	50
Height	165cm
Weight	65kg
Hair Color	Black

Eye Color	Brown
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Education & Occupation	N/A
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Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	72	N/A	73	N/a
Height	157	N/A	155	N/a
Weight	65	N/A	50	N/a
Hair Color	Black	N/A	Black	N/a
Eye Color	Brown	N/A	Brown	N/a

Egg Donation History

Why do you want to become an egg donor?

A Way to Help Others, Get Health Checkups, and Earn Money

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

2024/3

Name of the clinic

Number of eggs retrieved.

33

Number of embryos that passed PGS testing.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

2024/3

Second donation

Third donation
