



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CDV005



Eye Color	Hair Color	Height
Blue	Brunette	169 CM/ 56 KG
Ethnicity	Blood Type	Education
Caucassian	A	Advanced Degree
Donor Location	Willing to Travel Out of State?	Date of Birth
Spain		1999

Basic Information

DateofBirth	20-01-1999
Height	1,69cm
Weight	56kg
HairColor	Brunette
EyeColor	Blue
EthnicOrigin	Caucasian
MaternalHeritage	Spanish
PaternalHeritage	Spanish
BloodType	A+
Visa	<input checked="" type="checkbox"/> Yes

Education and Background

HighestLevelofeducation	<u>Master's Degree in Technology</u>
CollegeMajor	<u>Marketing and Communication</u>
WhatwasyourcollegeGPA?	<u>8,5/10</u>
What college(s) or university(ies) have you attended?	<u>Autonomous University of Barcelona</u>
Do you have any artistic abilities? Please List:	<u>Reading is my favorite hobby. At school I won prizesforreading,writing,anddebatesin sociological and philosophical forums. I like painting and the piano, but I don't play it. I go horseback riding. I like classical music and I am good at dancing different styles. Traveling is what I like most and I have been to more than 20 countries.</u>
Doyouhaveanyathleticabilities?	<u>Iamgoodatsports,especiallysoccer,tennis, skating, and gymnastics. I am quite athletic.</u>
Whatisyourcurrentoccupation?	<u>I am a partner in a marketing agency and I have several businesses.</u>
Pleasedescribeyourpersonality:	<u>I am quit erational and emotionally intelligent. I like to analyse situations. In general, I am not too extroverted, but not introverted either. I develop well socially and also in alone time. I am empathetic, curious and calm.</u>

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<u>No</u>
Have you worn braces?	<u>No</u>
What languages do you speak?	Spanish, Catalan, English and some French.

Questions:

- Why do you want to become a donor?

I like to help mothers make their dream come true. I think it is the most wonderful act in which women need each other. A beautiful act where you give without receiving anything in return, except the satisfaction of knowing that there is a mother who will be happy with her son or daughter.

- For Egg Donor: Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?

Yes

- Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?

Yes.

- If they request it, are you willing to meet your intended parents?

Yes. Only if necessary.

- Are you open to meeting the child in the future if that is requested?

Yes

- Are you open to exchanging future contact information with your intended Parents(s)?

Yes

- Where did you grow up?

Barcelona, Spain,

- Do you have any siblings? If so, tell us about each of them:
No, But I was very close to my younger cousin and cousin.

- Do you have any children? If so, tell us about each of them:

No

Personal Health History

- Any past or current medical problems(including surgeries ,accidents ,birth defects, depression, etc.)? If yes, please list:

No

- Do you drink alcohol? If yes,how many drinks per week?

No, I stopped to drink a few years ago. Anyway,I used to do it only occasionally.

- Have you ever been a donor before? If yes, did a pregnancy occur?

Yes. April 2018 at IVI Barcelona. I think I took 24 ovules.

- Are you currently taking any medication(for physical or mental health)?If yes, what medications are you on and why?

No

- Areyoutakinganyrecreationaldrugs?Ifyes,whatareyoutaking?

No

- Doyousmoke?

No

Egg Donor Please answer:

- Have you ever been pregnant? If yes, how many times and what was the outcome?

No

- Are your menstrual cycles regular? If no, please explain:

Yes

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	no		Yes No		
Mental Retardation	no		Yes No		
Autism / Asperger's	no		Yes No		
Physical Malformation	no		Yes No		
Paralysis or crippling disorders	no		Yes No		
Alcohol or Drug Addiction	no		Yes No		
Cystic Fibrosis	no		Yes No		
Sickle Cell Anemia	no		Yes No		
Lupus	No		Yes No		
Miscarriages, still births, neonatal deaths	no		Yes No		
High blood pressure, heart attacks or strokes	no		Yes No		
Memory loss or dementia	no		Yes No		
Osteoporosis	no		Yes No		
Arthritis	No		Yes No		
Allergies	no		Yes No		
Blood diseases	no		Yes No		
Diabetes (Specifically Type 1 or Type 2)	no		Yes No		
Thyroid issues	no		Yes No		
Learning disabilities	no		Yes No		
Seizure or epilepsy	no		Yes No		
Depression	no		Yes No		
Panic attacks	no		Yes No		
	no		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Schizophrenia Bipolar Disorder	No		Yes No		
ADD or ADHD Age-related	no		Yes No		
issues Kidney problems /	no		Yes No		
diseases Reproductive	no		Yes No		
problems: i.e.	No		Yes No		
endometriosis, hysterectomies,	no		Yes No		
late-term miscarriages, etc.					
Vision/Sight/Eye Problems					
	No		Yes No		



















