

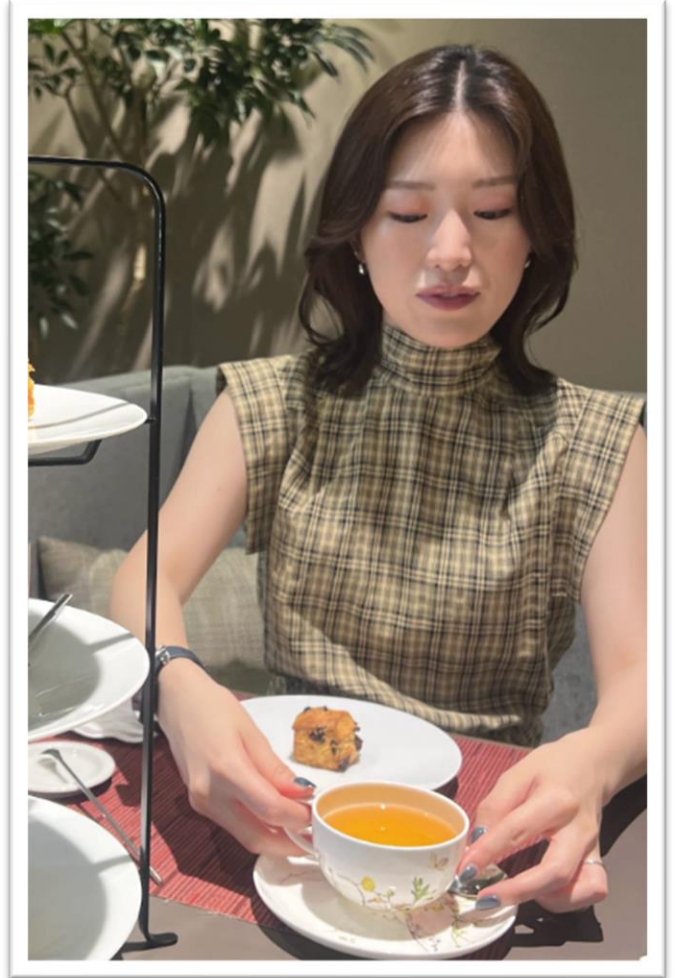
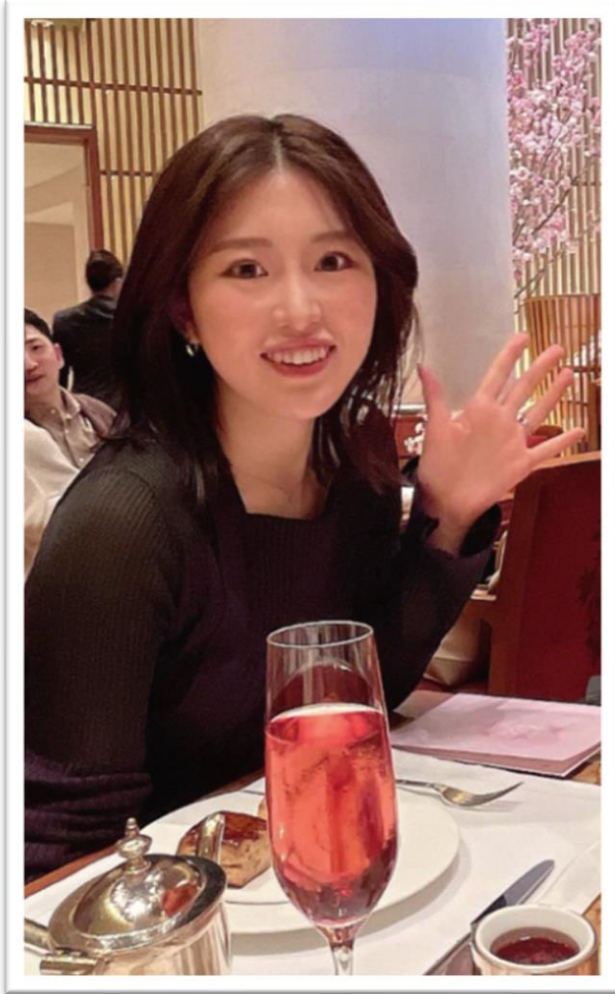
ACRC Gametes Donation

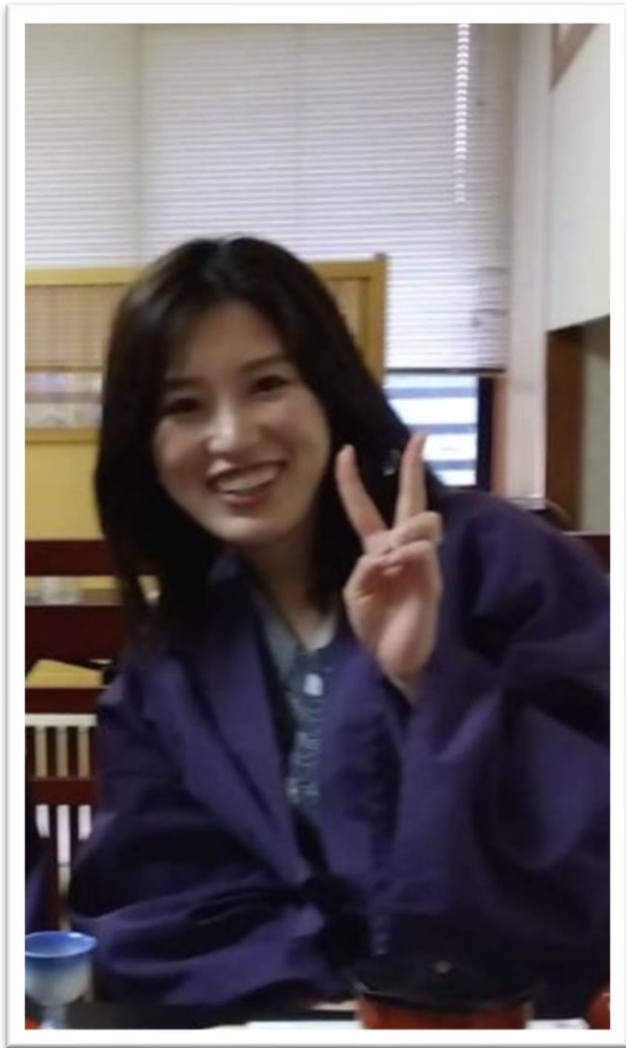
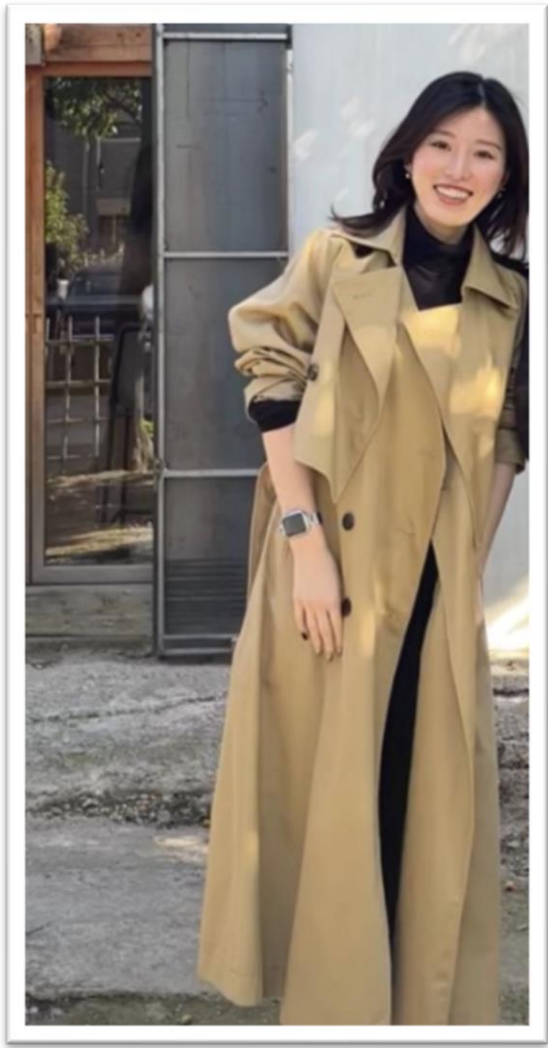
ACRC Global Fertility Holding Group

AD1302

Eye Color		Hair Color	Height
Dark Brown		Black	160
Ethnicity		Blood Type	Education
Asian - Japanese		AB	Bachelors
Donor Location		Date of Birth	
Japan		1997-02-10	

Donor Photos





Physical Information

Eye Color

Dark Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Weight

45

Vision

Good

Complexion/Skin Tone

Fair

What is your occupation and Education?

Bachelors in health and nursing, Nurse

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?

Yes, gym and tennis.

How often do you exercise?

Yes, 3 times per week

Please describe your athletic abilities.

I think it's about average,
but the 50m run was in the 8 second range.

Please describe your personality.

I'm very bright and active.

Please describe your hobbies.

Watching movies, traveling, self-studying things.

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Contraceptive pill

How often do you get your menstrual period?

Every 28 days.

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

No

Personal Health and Medical Information

Overall health condition

Healthy

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

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.

N/A

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)?

Yes ,one cup per day.

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?

No

Have you had a piercing within the past 6 months?

No

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

Family has twins or triplets?

No

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

No

Any of your family members ever had a serious mental illness?

No

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

55 - Healthy

Height

155

Weight

50

Hair Color

Black

Eye Color

Dark Brown

Education & Occupation

University

Please tell us some basic details about your biological father

Age and Health Status

54 -Healthy

Height

170

Weight

N/a

Hair Color

Black

Eye Color

Dark Brown

Education & Occupation

N/a

Egg Donation History

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

I hope that we can work together and have a great outcome.

What kind of contract do you want to sign with your prospective parents?

Anonymous

Have you donated eggs in the past?

No

Egg Donation Information

N/a
