



**ACRC Gametes Donation**  
ACRC Global Fertility Holding Group

**Donor Code :**  
**CD1441**

**First Time Donor**



Eye Color	Hair Color	Height
Brown	Brown	160 CM/ 60 KG
Ethnicity	Blood Type	Education
Hispanic	Unknown	College Student
Donor Location	Willing to Travel Out of State?	Year of Birth
USA, CA		2002

## Donor Photos



Donor Photos



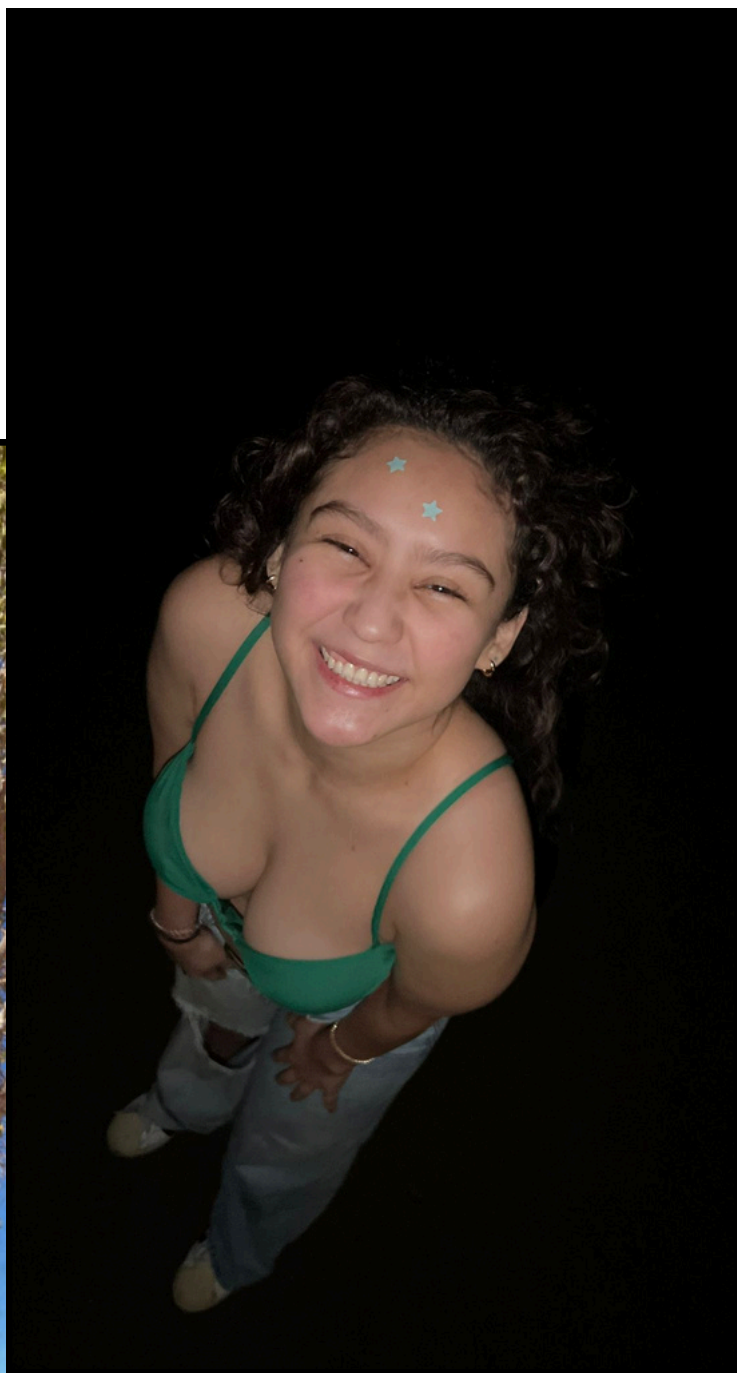


Donor Photos





## Donor Photos





## Donor Photos





Donor Photos



Donor Photos





## Donor Pictures



## Physical Information

### Eye Color

Brown

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### Natural Hair Color

Brown

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### Natural Hair Type

Curvy

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### Corrective Dental

No

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### Vision

Great - No known issues

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### Complexion/Skin Tone

Medium

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### What is your occupation?

Student and a Cashier

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

No

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

Drawing

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### Do you play sports or exercise?

Yes

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### How often do you exercise?

3-5 weekly

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### What type of sports or exercise?

Martial Arts

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**Please describe your athletic abilities.**

Black belt in taekwondo, double joint in elbows and flexible.

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**Please describe your personality.**

Calm, strong character, open to try new things, energetic and friendly with others, confident on myself, well understanding on follow orders and instructions as always well communication.

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**Please describe your hobbies.**

Usually cook different things, bake little desserts, hiking, spinning classes, partial jujitsu classes, partial mua Thai classes, practice another language, watch comedy movies.

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## Education Information

**Highest level of education completed.**

Currently Enrolled in College

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**School name**

Los Angeles Pacific State

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**Major**

Bachelor in Science

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**What is your GPA**

N/A

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**What languages do you speak?**

Spanish-English

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**Have you ever taken an intelligence test (IQ Test)?**

NO

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## Reproductive Information

**Marital Status**

Single

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**Do you have live-in partner?**

Yes

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**Number of Children, if any.**

0

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**Current method of birth control.**

Abstinence

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**How often do you get your menstrual period?**

Every 20-23 days

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

Abortion, Twice

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**Did you have any difficulties getting pregnant?**

No

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**Estimated last date of PAP smear, normal or abnormal?**

No

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## Personal Health and Medical Information

**Have you ever used antibiotics to treat a pelvic infection?**

NO

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**Are you infected with any STIs or STDs? (AIDS, syphilis, gonorrhea, hepatitis b or c, etc.)**

NO

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**Do you have or have you ever had a serious health conditions?**

NO

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**Have you taken any prescribed medications in the past 12 months?**

NO

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**Are you currently treating any diseases?**

NO

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**Have you ever had any surgery (medical, dental or plastic/cosmetic)?**

NO

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**Please list the surgery procedure and year.**

NO

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**Have you ever been diagnosed with cancer?**

NO

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**Do you have any birth defects?**

NO

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**Have you ever had syphilis or gonorrhea?**

NO

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**Have you ever had a blood transfusion?**

NO

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**Have you ever been diagnosed with a mental illness by a licensed practitioner?**

NO

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**Do you have any allergies?**

NO

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**Do you drink coffee? How often?**

Weekly

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**Do you drink alcohol?**

NO

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**Do you smoke or vape**

NO

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**Have you ever had hepatitis B or C?**

NO

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**Have you had a tattoo or piercing in the past 12 months?**

NO

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**How is your hearing without a hearing aid?**

Normal

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**Have you ever had any complications with anesthesia?**

NO

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**Have you had any shots or vaccines given in the last 12 months?**

NO

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**Have you ever taken anti-malarial drugs or had malaria?**

NO

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## Family History

**Are you adopted**

NO

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**Have you or any of your family members been diagnosed with alcoholism or drug addiction?**

NO

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**Have you or your immediate family suffered from infertility?**

NO

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**Does your family have twins or triplets?**

NO

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

NO

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

NO

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Relative	Age	Height/ Weight	Race	Hair/ Eyes Color	Education Level/ Occupation	Health
Father	39	5' 11/ 160	Hispanic	Black/ Brown	High school- Unsure	Good
Mother	43	5'2 /146	Hispanic	Black/ Black	High school- Housewife	Good
Paternal grandmother		5'1/	Hispanic	Light Brown/ Blue		Deceased - Car accident
Paternal grandfather		5'8/	Hispanic	Brown/ Brown		Deceased - Car accident
Maternal grandmother	58	5'1/	Hispanic	Light Brown/ Green		Good
Paternal Grandfather		5'7	Hispanic	Black / Black		Good

## Egg Donation History

**Why do you want to become an egg donor?**

Personal experience watching my stepdad sister trying to get a match for years until she was in an risky age to keep trying, there was not enough egg donors on her time. Also I wanna become a doctor but in a way more deep to help other with what I have I also had considered and decided that not just my mind and abilities can be used to help but also my body as well during this years I'm still young, capable and in the best health.

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

Feel free to reach out to me, have a bond if that helps making you a stronger bond and better communication during this process. We're together on this!

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What kind of donation contract do you want to sign with your prospective parents?	Non-Identified (Anonymous Donation)	Direct (Known- Donation)	Both
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Have you donated eggs in the past?**

NO

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