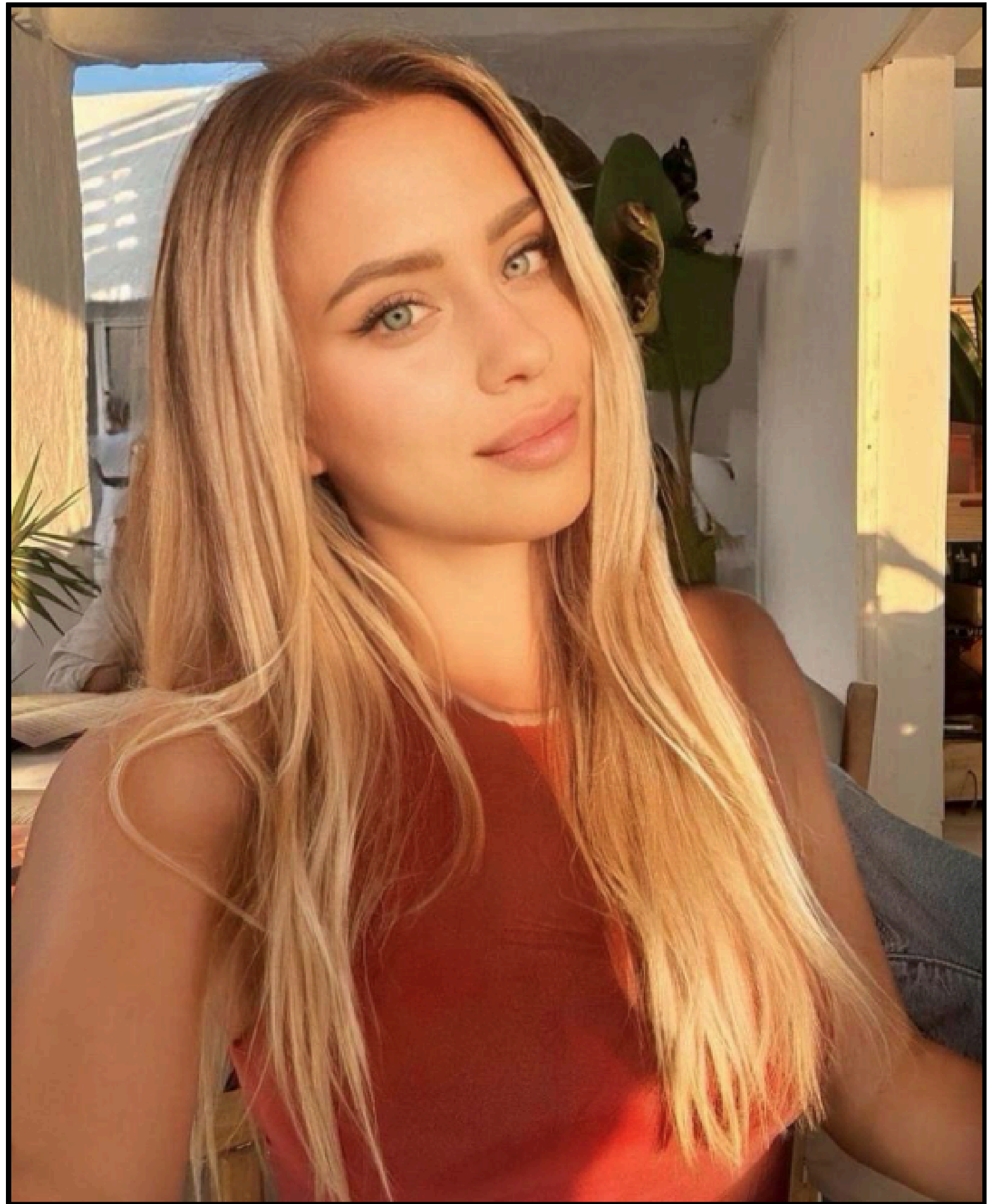


## ACRC Gametes Donation

ACRC Global Fertility Holding Group



**Donor Code: CD1264**

**Eye Color**

**Blue**

**Hair Color**

**Blond**

**Height**

**170 cm**

**Ethnicity**

**Spanish**

**Blood Type**

**A**

**Education**

**University Graduate**

**Donor Location**

**Spain**

**Willing to Travel Out of State?**

**Date of Birth**

**09/15/1996**

Date of Birth	15/09/1996
Height	1,70
Weight	54 kg
Hair Color	blond
Eye Color	blue
Ethnic Origin	Spain
Maternal Heritage	German
Paternal Heritage	Spain
Blood Type	A +
Visa	Yes

### **Education and Background**

Highest Level of education	University
College Major	Economy
What was your college GPA?	4.6
What college(s) or university(ies) have you attended?	INESEM
Do you have any artistic abilities? Please List:	Music
Do you have any athletic abilities?	Gym and climb
What is your current occupation?	Entrepreneur
Please describe your personality:	Im kind, respectfull and funny
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	no
Have you worn braces?	yes

## **Questions:**

- **Why do you want to become a donor?** I want to be a donor because i need the money and i would like to help other families have children.
  
- **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 no, please explain:**
  
- **If they request it, are you willing to meet your intended parents?** Yes
  
- **Are you open to meeting the child in the future if that is requested?** No
  
- **Are you open to exchanging future contact information with your intended Parents(s)?**  
No
  
- **Where did you grow up?** Menorca, Balearic island
  
- **Do you have any siblings? If so, tell us about each of them:** yes, i have a twin sister. I love her
  
- **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? Sometimes, one or twice a month**
- **Have you ever been a donor before? If yes, did a pregnancy occur? No**
- **Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? No**
- **Are you taking any recreational drugs? If yes, what are you taking? No**
- **Do you smoke? 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, my cycles are very regular**



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

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

























