



**ACRC Gametes Donation**

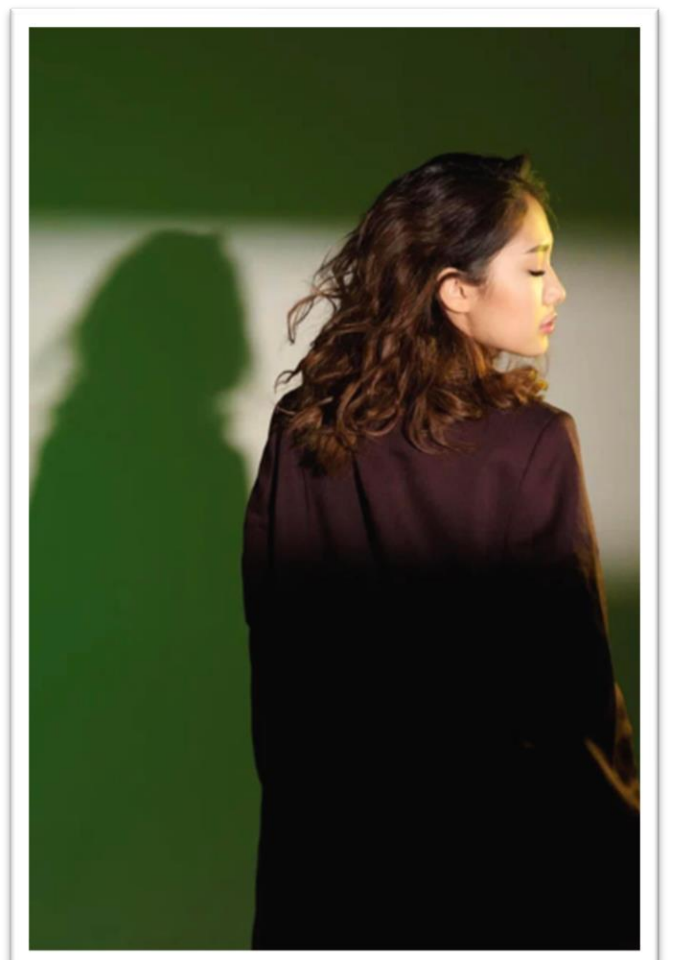
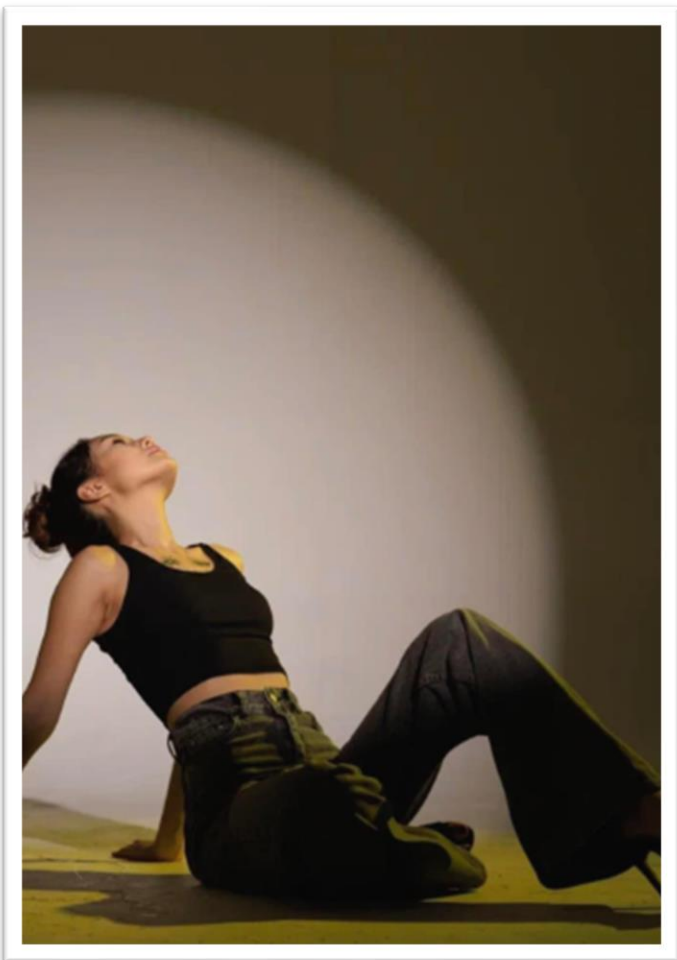
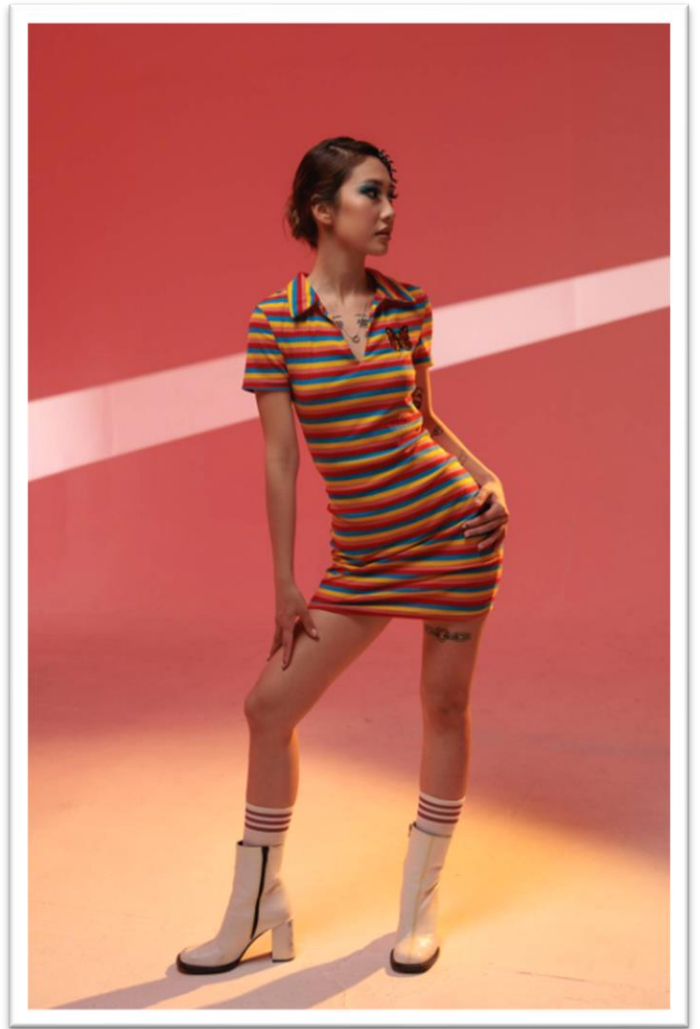
ACRC Global Fertility Holding Group



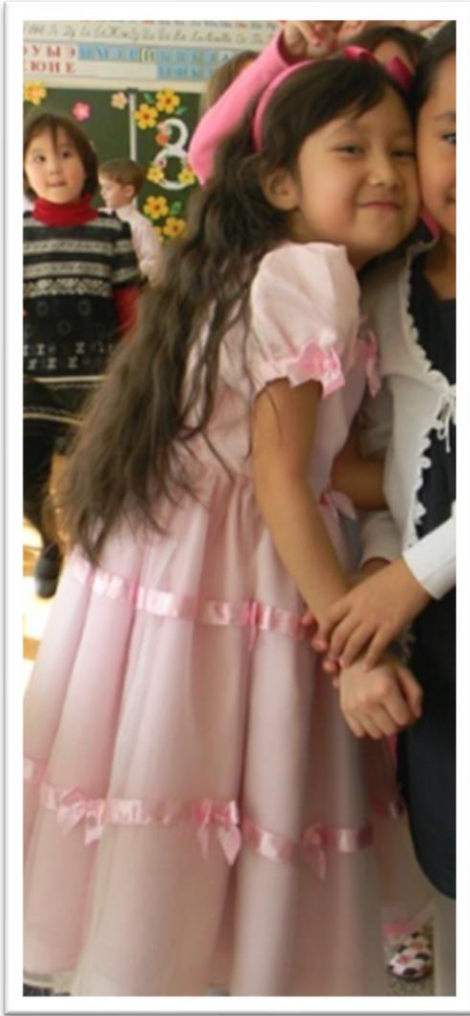
**AD1321**

Eye Color	Hair Color	Height
Brown	Brown	168cm or 5'5
Ethnicity	Blood Type	Education
Asian - Kazakhstan	A	College Graduate
Donor Location	Year of Birth	
California, USA	2005-03-16	









## Physical Information

### Eye Color

Brown

### Natural Hair Color

Brown

### Natural Hair Type

Straight

### Corrective Dental

No

### Vision

No

### Complexion/Skin Tone

Medium

### What is your occupation?

I work as an assistant administrator, also working as a model and actress,

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

I used to play piano (when I was 6-7 years old. I am a good singer.

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

Since I worked as an actress, I know how to act, and love it!!!! I used to play in the theater, ride horses(dzhigi toвка - tricks on the horse, while horse is running) and did archery.

### Do you play sports or exercise?

Yes, Yoga, tennis, horse riding, archery, ice skating, gym, swimming.

### How often do you exercise?

4 days per weeks

### Please describe your athletic abilities.

I can do everything! I'm flexible.

### Please describe your personality.

I'm calm person, creative person, I love art, family, nature.

### Please describe your hobbies.

I love reading, doing yoga, taking pictures, traveling.

## Education Information

### Highest level of education completed.

College Graduate

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### Do you have any college background?

Yes

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### College Details

Institution	Location	Degree	Majors
Arizona State University	Arizona, USA	Bachelors	Business and communications

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## Reproductive Information

**Have you ever been pregnant?**

No

**Number of Children, if any.**

0

**Current method of birth control.**

Oral contraceptives

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

Monthly

**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)**

2024-05-30

**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

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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 any STI/STDs?**

No

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

No

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

No

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

No

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**Have you ever been rejected for a blood transfusion?**

No

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**Have you ever had serious mental health issues?**

No

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**Do you have any allergies?**

No

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**Do you drink coffee? How often (daily or weekly)?**

2-3 times per month

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**Do you drink alcohol? How often (daily or weekly)?**

3-4 times per year.

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**Do you smoke, vape, or use marijuana? How often (daily or weekly)?**

No

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**Have you had a tattoo within the past 6 months?**

No

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**Have you had a piercing within the past 6 months?**

No

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

Good

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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

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

No

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**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.

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**Age and Health Status**

60 - Healthy

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**Height**

5'6

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**Weight**

150

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**Hair Color**

Brown

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**Eye Color**

Brown

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**Education & Occupation**

College Graduate

Theatre Director

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Please tell us some basic details about your biological father

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**Age and Health Status**

60 – Died in a car accident

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**Height**

5'8

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**Weight**

174

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**Hair Color**

Black

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**Eye Color**

Black

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**Education & Occupation**

College Graduate

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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	74	Deceased	74	82 - Deceased
Height	5'5	6'0	5'3	6'2
Weight	105	170	140	200
Hair Color	Brown	Brown	Brown	Brown
Eye Color	Brown	Brown	Brown	Brown

## Egg Donation History

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

The only thing I want to say is take care of that kid and love him/her as much as they can.

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

Anonymous

Have you donated eggs in the past?

No

Please list the date

N/a

Name of the clinic

N/a

Number of eggs retrieved.

N/a