



## ACRC Gametes Donation

ACRC Global Fertility Holding Group

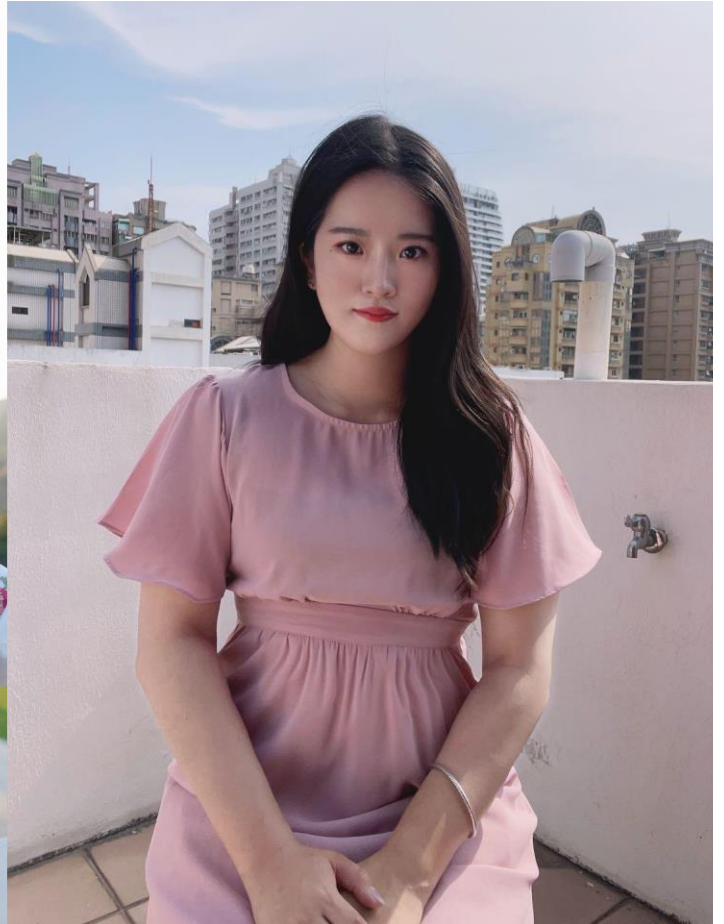


Donor Code :

**ADJ073**

<b>Eye Color</b>	<b>Hair Color</b>	<b>Height/ Weight</b>
<b>Brown</b>	<b>Black</b>	<b>173 cm / 75 kg</b>
<b>Ethnicity</b>	<b>Blood Type</b>	<b>Education</b>
<b>Asian</b>	<b>O</b>	<b>Master, University</b>
<b>Donor Location</b>	<b>Date of Birth</b>	
<b>Kaohsiung</b>	<b>1996/01/04</b>	

## Donor Photos





個月留念 85年農曆3月14日



## Physical Information

**Eye Color**

**Brown**

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**Natural Hair Color**

**Black**

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**Natural Hair Type**

**N/A**

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**Corrective Dental**

**N/A**

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**Vision**

**Good**

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**Complexion/Skin Tone**

**Yellow**

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**What is your occupation?**

**Customer service, manicurist**

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

**Piano**

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**How often do you exercise?**

**5 times a week**

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**Please describe your personality.**

**Optimistic, cheerful, generous and loves to laugh**

**Please describe your hobbies.**

**Yoga Swimming Reading**

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## Education Information

Highest level of education completed.  
University, Master of Psychology

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Do you have any college background?  
Yes

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### College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		National Cheng Kung University		Master of Psychology
2		Tunghai University		Department of Social Work

## Reproductive Information

Have you ever been pregnant?  
No

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Number of Children, if any.  
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Current method of birth control.  
Condoms

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How often do you get your menstrual period?  
35 days

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

No

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## Personal Health and Medical Information

Overall health condition

Good

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

N/A

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What were the results of your last pap smear?

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Do you have or have you ever had a serious health problem?

No

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Are you currently treating any diseases? If so, please list.

No

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

No

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If yes, please list the surgery procedure and year.

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Have you taken any medications within the past 12 months?

N/A

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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?

N/A

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Have you ever been rejected for a blood transfusion?

N/A

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

No

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**Do you have any allergies?**

N/A

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

No

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

No

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

No

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

N/A

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

N/A

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

N/A

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## Family History

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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?**

N/A

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

No

## Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	63 / Good
Height	168 cm
Weight	N/A
Hair Color	Black
Eye Color	Light brown

Please tell us some basic details about your biological father

Age and Health Status	65 / Good
Height	175 cm
Weight	N/A
Hair Color	Black
Eye Color	Brown

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	84/Natural death	88/Natural death	82/Coronavirus disease	85/ Natural death
Height	163 cm	190 cm	166 cm	178 cm
Weight				
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown



## Egg Donation History

Why do you want to become an egg donor?

Healthy and able to help others

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Have you donated eggs in the past?

Yes

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Please list the date

1<sup>st</sup>: 2023/07/21, 2<sup>nd</sup>: 2023/10/04

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Place of retrieved

1<sup>st</sup>: SD, 2<sup>nd</sup>: LA

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Number of eggs retrieved.

1<sup>st</sup>: 55

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Number of mature eggs.

1<sup>st</sup>: 30

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Pregnancy outcomes (if known and applicable).

unknown

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First donation

unknown

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Second donation

unknown

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Third donation

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