











Donor Basic Information 捐赠者基本信息

请尽力回答每个问题。如果您不知道答案,请填写"n/a"。 如果您需要帮助,请随时联系我们!谢谢!

Age	28	Natural Hair Color	Black
年龄		自然发色	黑
Date of Birth	1995-08-25	Eye Color	Brown
生日		眼睛颜色	咖
Blood Type & RH	В	Birthplace	Kaohsiung
血型& RH		出生地	高雄
Height 身高	165	Nationality 国籍	Asian
Weight 体重	48	Maternal Heritage 母亲种族	Asian
Complexion	Yellow	Paternal Heritage	Asian
肤色	黄	父亲种族	

More About Your Donor 捐赠者更多信息

Where do you live now? 现居地 Kaohsiung 高雄 Current Occupation 目前职业 Realtor 房仲 Level of Education (Please indicate the name of your schools from bachelor or associate degree and above) 学历,请标注学校名字 Wenzao University of Foreign Languages 文藻外語大學 Major (bachelor or associate degree and above) 专业 English 英文 What are your hobbies, talents, or if you won any rewards from the past? 你的兴趣爱好 天赋及是否获得过任何奖项 I like to read books and can quickly understand others 喜歡看書 可以快速理解他人 Do you do exercise? What kinds of exercise? 健身情况,喜欢什么类型的运动 Yes 是的 Egg donation availability 可捐赠时间 Available 可用的 How would you describe your personalities and characters? 如何描述自己的性格特点? Outgoing, I like to make friends, I like to experience different life adventures 外向喜歡交朋友 喜歡體驗不同生活 嘗試每個冒險的活動

What is your favorite food?

最喜欢的食物是?

Pasta

義大利麵

What language/languages do you speak?

会说那些语言?

English, Japanese, Hakka, Taiwanese 英文日文客家話台語

If a message could pass, what would you like to say to the intended parents? 如果可以 给准父母留言,你想说什么?

I have a child myself. It is a blessing to have a child. Sometimes it is noisy but it is always happy 🐿 I hope it can help you

我自己有一個小孩 有小孩是件幸福的事偶爾會吵鬧但是都是快樂的 ❤️ 希望可以幫助到你們

Health and Medical History

医疗健康情况

Have you ever donated before? If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable. 是否捐过?如有请列举时间,诊所名字,以及最终结果 2 Times 2 次 18 and 31 Have you ever done any plastic surgery? 是否有整容 No 沒有 How often do you drink alcohol? 喝酒的频率 不喝酒 Do not drink Do you smoke or vape? 是否吸烟包括电子烟 不抽 Do not smoke Are you taking any medication due to any physical or mental issues? If yes, please indicate the name and dose of meds if applicable.目前是否因身体或心理原因在吃任何药 物?如有,请列举药物名字,计量 没有 No

Do you have tattoo or body piercing? If yes, please indicate the year they done 是否有 纹身或身体穿洞。如有请列举操作时间

Tattoo 2010

紋身 2010 年

Methods of birth control (e.g., birth control pills, IUD, condom, or none) 避孕方式

Condom and Contraceptive Pill 保險套 避孕藥

Do you have a regular menstrual cycle? When was you last menstruation? 月经是否规律?上一次月经是什么时候?

5/18 規律

Have you ever pregnant or miscarriage before? If yes, how many times and when. 是否怀孕或流产过?如有,几次,什么时候

One pregnancy and one abortion 一次懷孕 一次人工流產

Have you ever done surgeries under any physical conditions? 是否因身体原因做过手术

没有

No

Have you ever been told by doctor that you have serious physical issues? If yes, please explain. 是否被医生告知过身体有重大缺陷,如有,请解释

No 没有

Are you Covid-19 vaccinated? 是否打过新冠疫苗?

Yes 有

Facts about Donor Biological Family

捐赠者家族信息

	Age	Hair	Eye	Height	Education	Race	Occupation	If passed
	年龄	Color	Color	身高	Level	种族	职业	away,
		发色	眼睛颜色		教育程度			explain 如
								去世,去世
								原因
Father 父亲	48	Black 黑	Brown 咖	173	Secondary 國中	Taiwan 台灣	Project 工程	Healthy 健康
Mother 母亲	50	Black 黑	Brown 咖	165	High School 高中	华人 Chinese	Teacher 老師	Healthy 健康
Paternal	78	Brown	Black	170	Secondary	Taiwan	Retired	Healthy
Grandfather		咖	黑		國中	台灣	退休	健康
爷爷								
Paternal	72	Brown	Brown	160	Secondary	Taiwan	Farming	Healthy
Grandmother		咖	咖		國中	台灣	務農	健康
奶奶								
Maternal	75	Black	Brown	172		Taiwan		Healthy
Grandfather		黑	咖			台灣		健康
外公								
Maternal	70	Brown	Brown	163	Secondary	Taiwan		Healthy
Grandmother		咖	咖		國中	台灣		健康
外婆								