

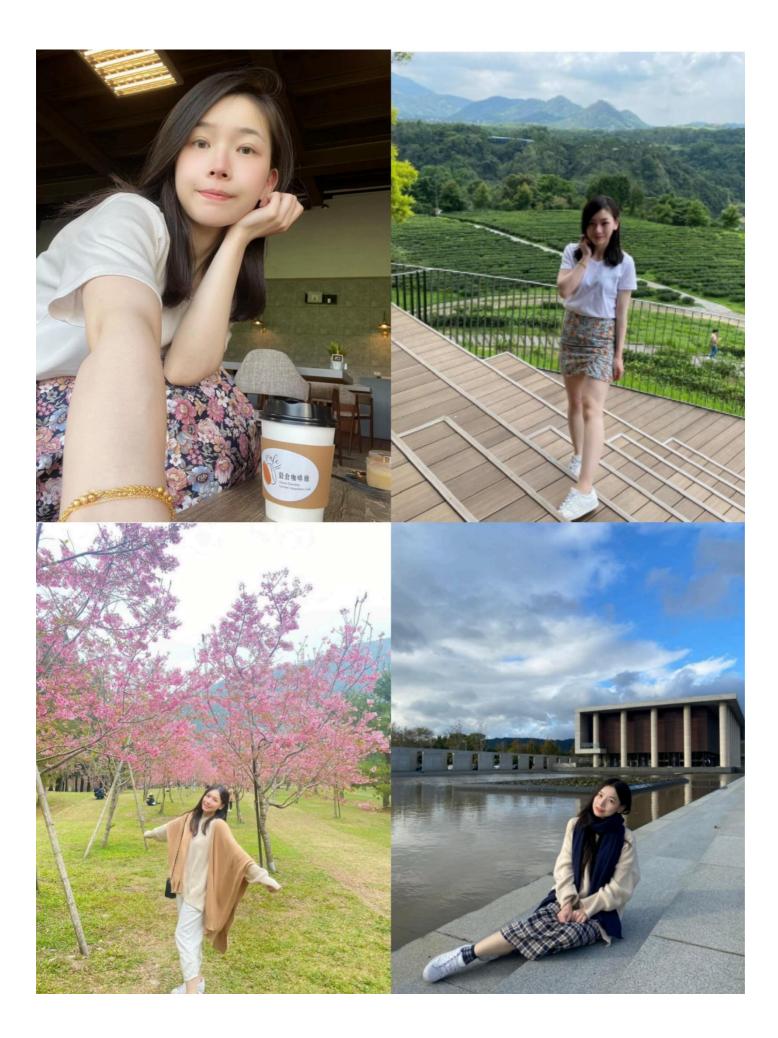


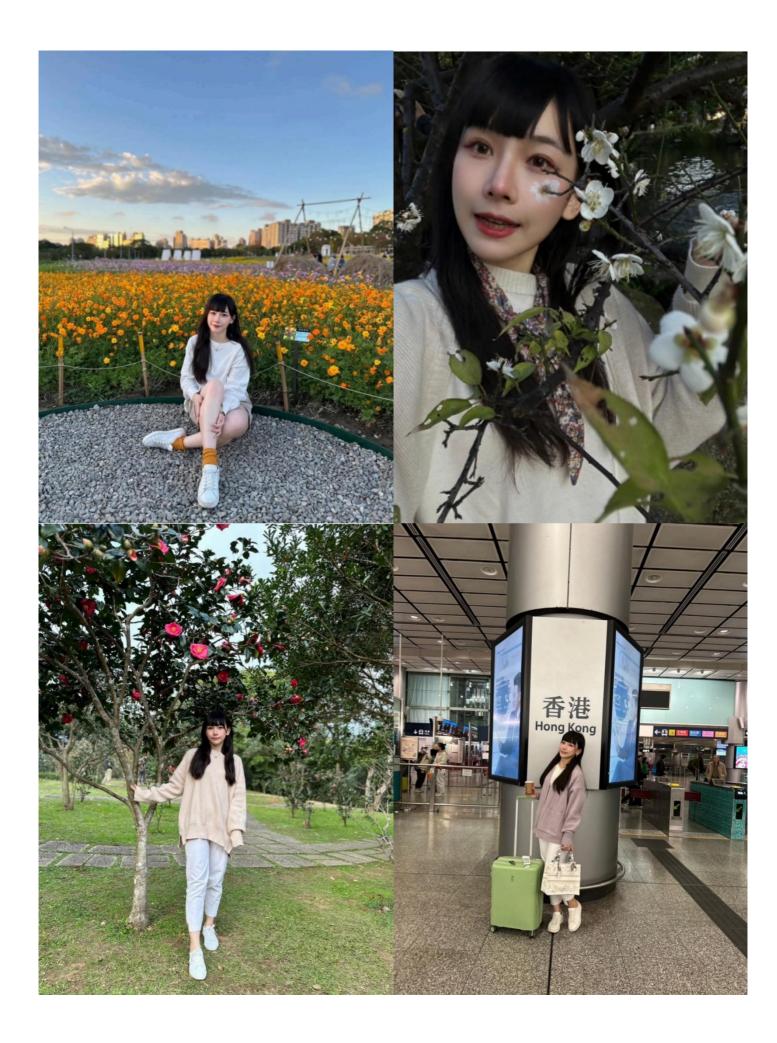
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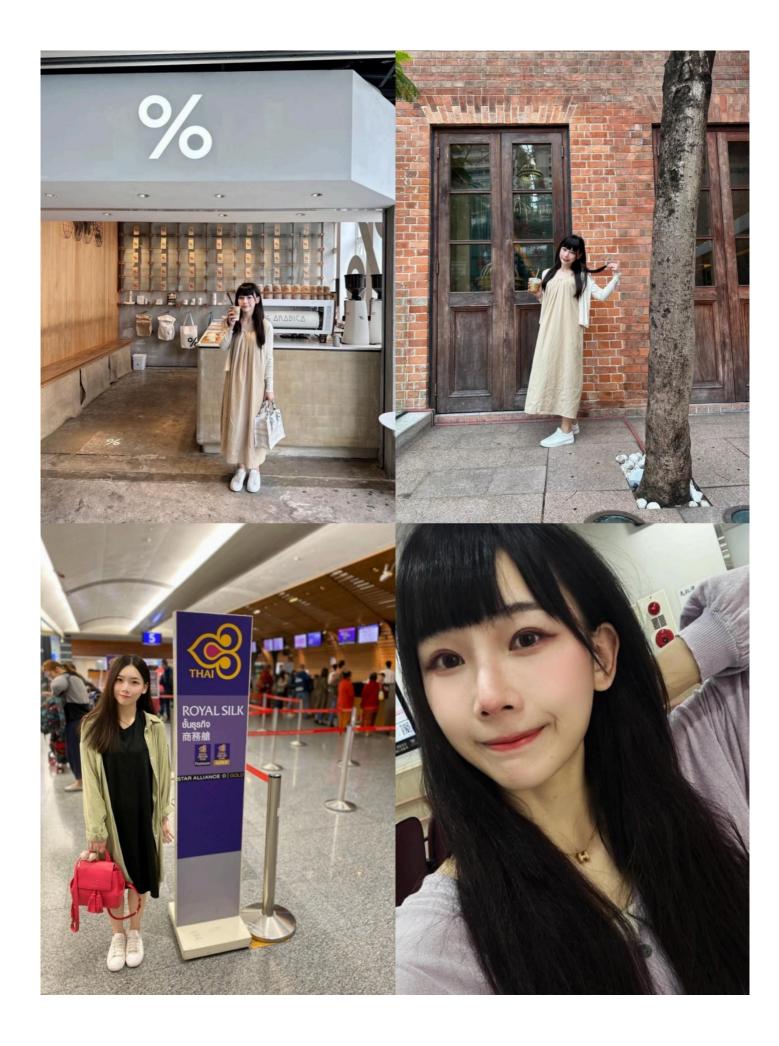
Eye Color	Hair Color	Height
Brown	Black	160cm
Ethnicity	Blood Type	Education
Asian	В	College
Donor Location	Date of birth	
Taiwan	1994-07-18	















Physical Information
Eye Color Brown
Natural Hair Color Black
Natural Hair Type Straight
Corrective Dental No
Vision Good
Complexion/Skin Tone Medium
What is your occupation? Nurse
Do you have any musical talents? If any, please list. N/a
Do you have any artistic abilities? If any, please list. N/a
Do you play sports or exercise? Yes
How often do you exercise?

/hat type of sports or exercis	se?			
Valking				
lease describe your athletic	abilities.			
ood				
lease describe your persona	lity.			
utgoing, Lively, Talkative,F	lighly observant, careful, ca	utious		
lease describe your hobbies.				
Play the piano, visit exhibit	ions.			
ducation Information				
Highest level of education c University	ompleted.			
Do you have any college bac Yes	ckground?			
College Details				
Dates Attended	Institution	Location	Degrees/Majors	
1	Chang Gung Technology University	Taiwan	Nursing	

Reproductive Information
Have you ever been pregnant? No
Number of Children, if any.
Current method of birth control. Condom
How often do you get your menstrual period? 28days
Have you ever had an abortion, miscarriage, or ectopic pregnancy?
No
Estimated last date of PAP smear, normal or abnormal? N/a
Personal Health and Medical Information
Overall health condition Good
Date of your last pap smear. (If none put N/A) N/a
What were the results of your last pap smear? N/a
Are you adopted?

D N	o you drink alcohol? How often (daily or weekly)? o
D N	o you smoke, vape, or use marijuana? How often (daily or weekly)? o
H	ave you had a tattoo within the past 6 months? o
H	ave you had a piercing within the past 6 months?
	ow is your hearing without a hearing aid? ood
H	ave you ever had any complications with anesthesia? o
	ave you had any shots or vaccines given in the last 12 months? /a
Н	ave you ever taken anti-malarial drugs or had malaria?
N	0
N	o nmily History
F	
Hav No	ımily History
Hav No Doe	e you or your immediate family suffered from infertility?
Hav No Doe No Hav	e you or your immediate family suffered from infertility? es your family have twins or triplets?
Hav No No Hav No	re you or your immediate family suffered from infertility? es your family have twins or triplets? ee any of your family members ever had a serious illness?

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	54/health
Height	165cm
Weight	N/a
Hair Color	Black
Eye Color	Brown
Education & Occupation	college /Businessperson

Please tell us some basic details about your biological father

Age and Health Status	55/Health		
Height	180cm		
Weight	N/a		
Hair Color	Black		
Eye Color	Brown		
Education & Occupation	College/ Work in technology industry		

Please tell us some basic details about your biological grandparents

	Maternal	Maternal	Paternal	Paternal
	Grandmother	Grandfather	Grandmother	Grandfather
Age and Health Status	85/Health	88/ Death	80/Health	83/Death
Height	162cm	174cm	162cm	172cm

Weight	N/a	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

Why do you want to become an egg donor?
Because I am currently no pregnancy considerations, I hope to help those who want to have children.
If you could send a message to the Intended Parents. What would you say?
My skin is fair and I am a nurse, hoping that loving and kind-hearted parents will like me.
What kind of contract do you want to sign with your prospective parents?
N/a
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
Number of embryos that passed PGS testing.
N/a
Pregnancy outcomes (if known and applicable).
N/a
First donation
N/a
Second donation
N/a
Third donation
N/a