

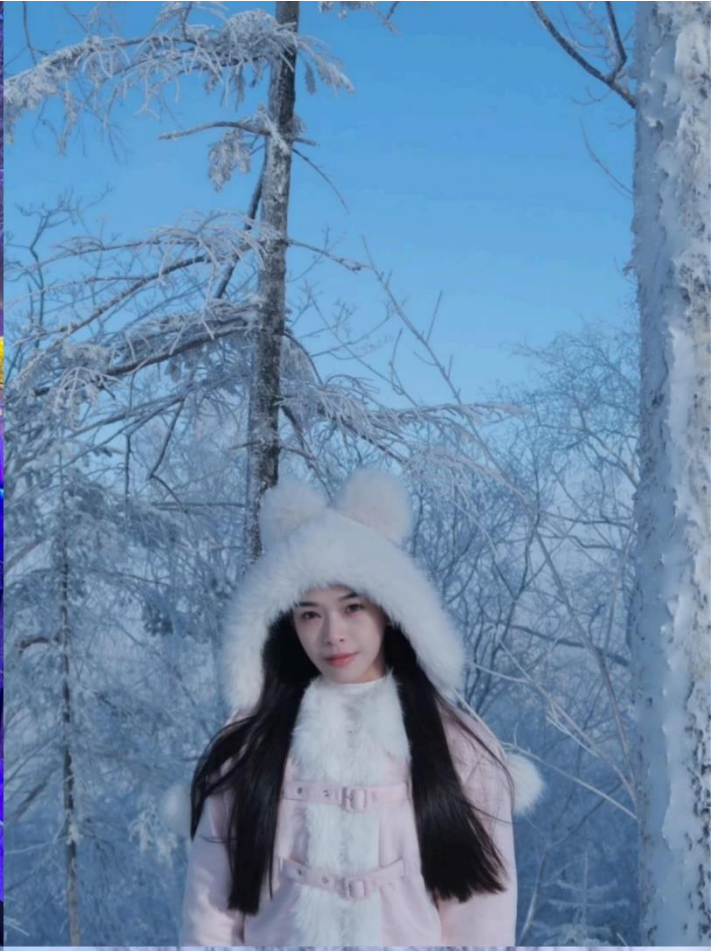


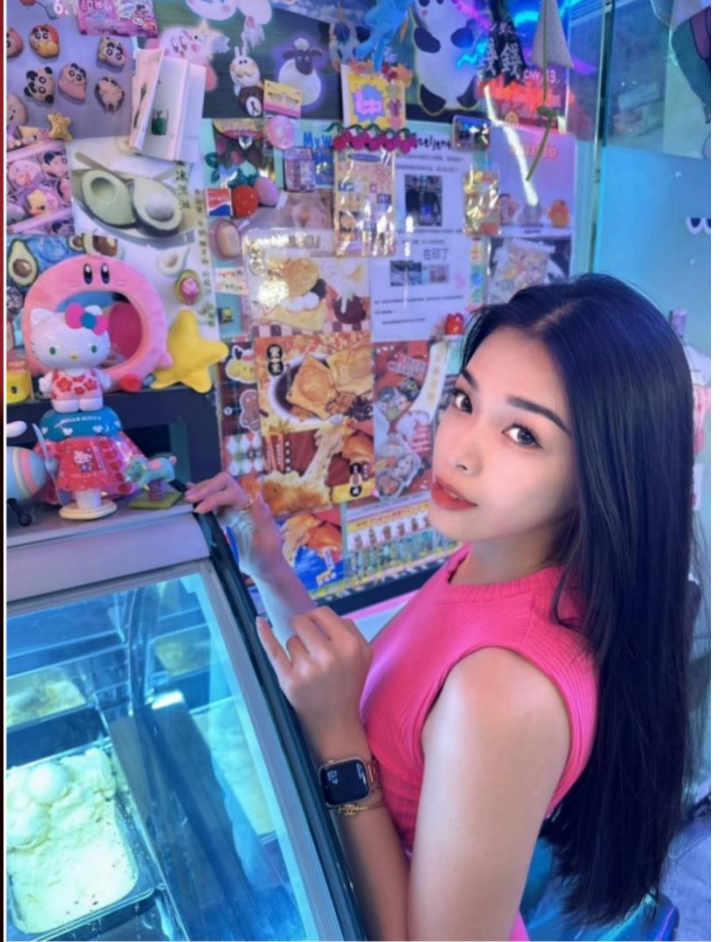
AD137

Eye Color	Hair Color	Height
Brown	Black	155cm
Ethnicity	Blood Type	Education
Asian	O	College
Donor Location	Date of birth	
Taiwan	2002-08-08	

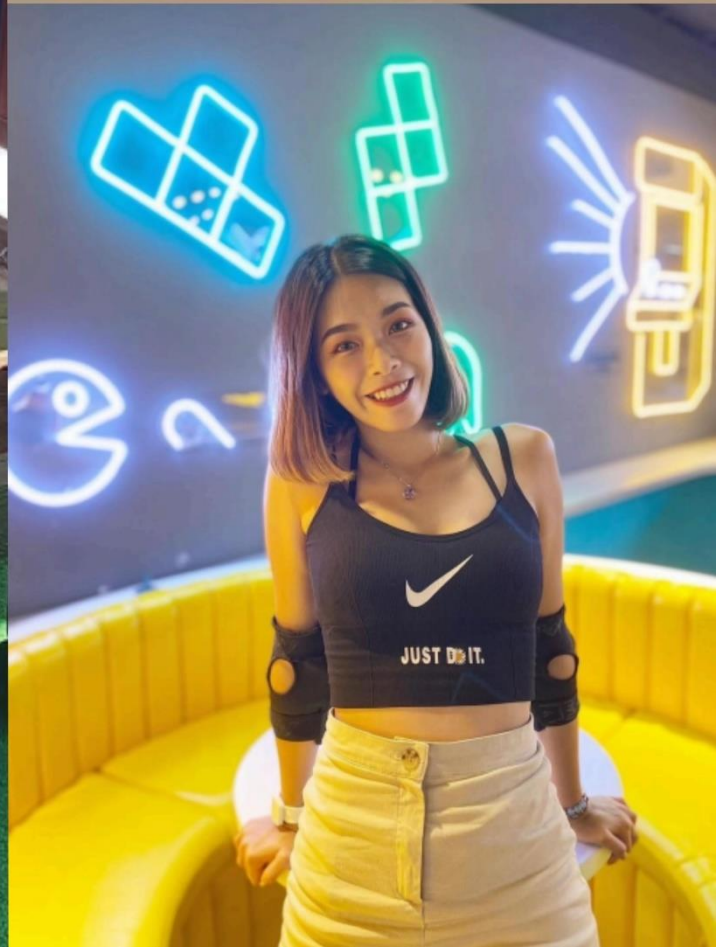
## Donor Photos











## Physical Information

**Eye Color**

Brown

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**Natural Hair Color**

Black

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**Natural Hair Type**

Straight

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**Corrective Dental**

No

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**Vision**

Good

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**Complexion/Skin Tone**

Medium

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**What is your occupation?**

Work in service industry

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

N/a

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

N/a

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**Do you play sports or exercise?**

Yes

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**How often do you exercise?**

N/a

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What type of sports or exercise?

Aerial yoga, Weight training

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Please describe your athletic abilities.

Good

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Please describe your personality.

Brave, Self-disciplined, Kind, Gentle, Cheerful

Affable, Passionate, Compassionate, Generous

Please describe your hobbies.

Aerial yoga, Weight training, Singing

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## Education Information

Highest level of education completed.

University

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Do you have any college background?

Yes

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### College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Tainan Technology University	Taiwan	Hospitality management

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## 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.

Condom

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How often do you get your menstrual period?

38days

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

No

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Estimated last date of PAP smear, normal or abnormal?

N/a

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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?

N/a

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Are you adopted?

No

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If so, do you have your biological parents' information?

N/a

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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.

N/a

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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?

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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)?

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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**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?**

Yes

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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?**

N/a

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

No

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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?**

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

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## Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	63/health
Height	158cm
Weight	N/a
Hair Color	Black
Eye Color	Brown
Education & Occupation	college /Accounting

Please tell us some basic details about your biological father

Age and Health Status	61/Health
Height	175cm
Weight	N/a
Hair Color	Black
Eye Color	Brown
Education & Occupation	College/ Construction engineering

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	83/Health	85/ Health	80/ Health	83/ Health
Height	163cm	175cm	160cm	170cm

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<b>Weight</b>	<b>N/a</b>	<b>N/a</b>	<b>N/a</b>	<b>N/a</b>
<b>Hair Color</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>
<b>Eye Color</b>	<b>Brown</b>	<b>Brown</b>	<b>Brown</b>	<b>Brown</b>

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## Egg Donation History

**Why do you want to become an egg donor?**

Because I enjoy helping others, I also engage in charity work regularly, I hope to help those who want to have children.

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

Hope you always remember the moment when your child is born, and make sure to give him full of love, care, and plenty of tolerance. Educating him to become an adult is the most important meaning you give him in life.

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

N/a

**Have you donated eggs in the past?**

Yes

**Please list the date**

N/a

**Name of the clinic**

N/a

**Number of eggs retrieved.**

36-40 mature eggs

**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

