

AD 116



ACRC Gametes Donation
ACRC Global Fertility Holding Group



Genetics and Outcomes

Eye Color	Hair Color	Height
Black	Black	164
Ethnicity	Blood Type	Education
Asian - Taiwanese	B	College graduate
Donor Location	Date of Birth	
Taiwan	1997-03-12	

Donor Photos









Physical Information

Eye Color
Black

Natural Hair Color
Black

Natural Hair Type
Straight

Corrective Dental
No

Vision

Complexion/Skin Tone
Fair

What is your occupation?
Engineer

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?

N/A

How often do you exercise?

N/A

What type of sports or exercise?

Weight training, basketball, badminton

Please describe your athletic abilities.

Good performance in ball sports

Please describe your personality.

lively, outgoing, optimistic, cheerful

Childhood Growth Experience: Happy childhood, my parents provided me with a lot of support and encouragement

Character and Traits: efficient, independent, organized, strong execution ability, strong social skills

Please describe your hobbies.

Watching movies, weight training, listening to music

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

Dates Attended	Institution	Location	Degrees/Majors
	Chung Hua University	Taiwan	Civil Engineering

Reproductive Information

Have you ever been pregnant?

Yes

Number of Children, if any.

N/A

Current method of birth control.

Condom

How often do you get your menstrual period?

28 to 29 days cycle

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

N/A

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?

No

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

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.

Have you taken any medications within the past 12 months?

N/A

Have you ever been diagnosed with cancer?

N/A

Do you have any birth defects?

No

Have you ever had any STI/STDs?

No

Have you ever had syphilis or gonorrhea?

No

Have you ever had hepatitis B or C?

No

Have you ever had a blood transfusion?

N/A

Have you ever been rejected for a blood transfusion?

N/A

Have you ever had serious mental health issues?

No

Do you have any allergies?

N/A

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

No

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

No

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

N/A

Have you had a tattoo within the past 6 months?

No

Have you had a piercing within the past 6 months?

No

How is your hearing without a hearing aid?

Good

Have you ever had any complications with anesthesia?

N/A

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

N/A

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

No

Family History

Have you or your immediate family suffered from infertility?

N/A

Does your family have twins or triplets?

Yes, cousin is a twin

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

N/A

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

N/A

Do you or any of your family members have genetic disorders?

N/A

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status	46 Healthy
Height	170
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	Vocational school Homemaker

Please tell us some basic details about your biological father

Age and Health Status	47 Healthy
Height	175
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	Vocational School Businessman

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	60 Healthy	66 Deceased naturally	69 Healthy	70 Healthy
Height	163	175	166	170
Weight	N/A	N/A	N/A	N/A
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

Egg Donation History

Why do you want to become an egg donor?

Because I had a child at a young age, I feel there is still space in terms of age, and I want to help parents in need. The journey to conceive is undoubtedly tough, but having a baby is the happiest thing in the world.

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

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

Have you donated eggs in the past?

No

Please list the date

Name of the clinic

Number of eggs retrieved.

Number of embryos that passed PGS testing.

Pregnancy outcomes (if known and applicable).

First donation

Second donation

Third donation