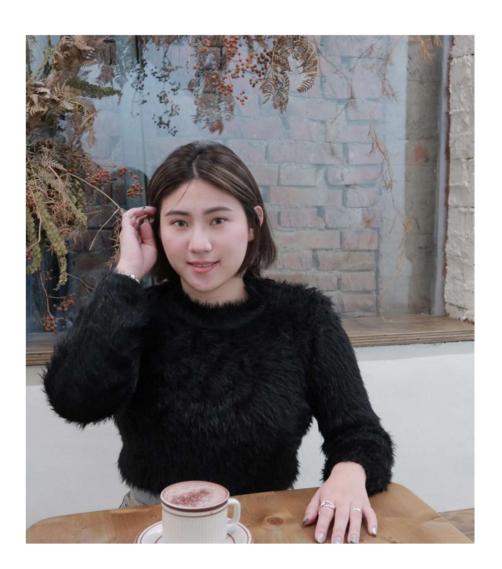
AD 116





Genetics and Outcomes

Eye Color	Hair Color	Height
Black	Black	164
Ethnicity	Blood Type	Education
Asian - Taiwanese	В	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?
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

Highest level of education completed. Unversity				
Do you have any college bac Yes	ckground?			
College Details				
Dates Attended	Institution	Location	Degrees/Majors	
	Chung Hua University	Taiwan	Civil Engineering	
Reproductive Informa	tion			
Have you ever been pregna Yes	nt?			
Number of Children, if any. N/A				
Current method of birth cor Condom	ntrol.			
How often do you get your get to 29 days cycle	menstrual period?			
Have you ever had an abort	ion, miscarriage, or ectopic p	oregnancy?		
N/A				
Estimated last date of PAP s	mear, normal or abnormal?			
N/A				

Education Information

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 o	ever been rejected for a blood transfusion?
Have you o	ever had serious mental health issues?
Do you ha	ve any allergies?
Do you dri No	nk coffee? How often (daily or weekly)?
Do you dri No	nk alcohol? How often (daily or weekly)?
Do you sm N/A	oke, vape, or use marijuana? How often (daily or weekly)?
Have you l No	nad a tattoo within the past 6 months?
Have you l No	nad a piercing within the past 6 months?
How is you Good	r hearing without a hearing aid?
Have you o	ever had any complications with anesthesia?
Have you l	nad any shots or vaccines given in the last 12 months?
Have you o	ever taken anti-malarial drugs or had malaria?
Family His	tory
Have you or	your immediate family suffered from infertility?
N/A	
Does your fa	mily have twins or triplets?
Yes, cousin i	s a twin
Have any of	your family members ever had a serious illness?

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	Maternal	Paternal	Paternal
	Grandmother	Grandfather	Grandmother	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