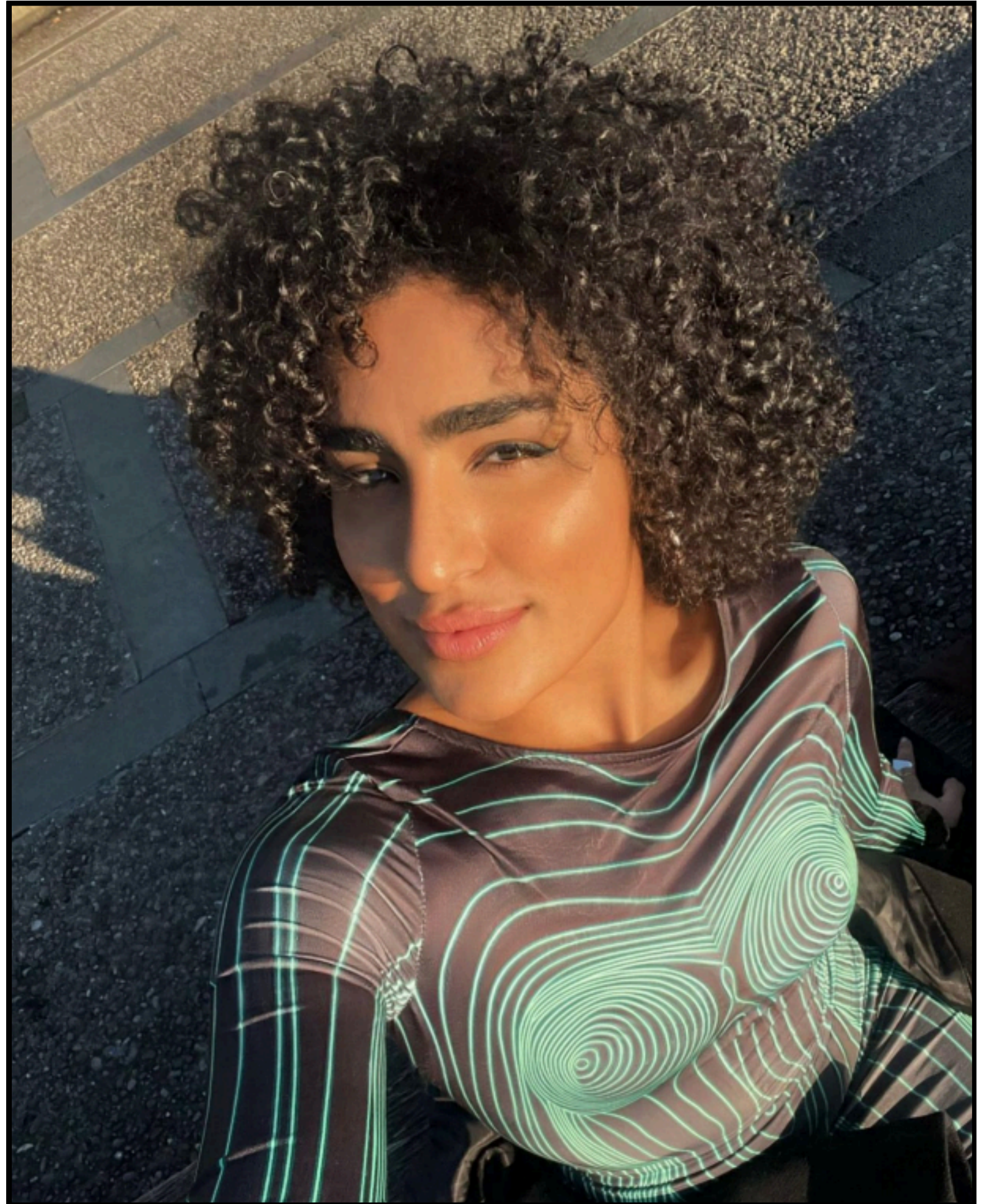




ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code: CD1359



Eye Color

Brown

Hair Color

Black

Height

170 cm

Ethnicity

Hispanic

Blood Type

Education

College Graduate

Donor Location

Spain

Willing to Travel Out of State?

Date of Birth

11/03/1998

Basic Information

Date of Birth: 11/03/1998

Height: 170 cm

Weight: 58kg

Hair Color: Black

Eye Color: Brown

Ethnic Origin: Colombian/spanish

Maternal Heritage: Spanish

Paternal Heritage: Colombian

Athletic

Visa: Yes

Education and Background

Highest Level of education: Baccalaureate of plastic arts

College Major: Almería arts school

What was your college GPA?: 8

Do you have any artistic abilities? Please List:

I love paint in general but I love to do it in watercolor

Do you have any athletic abilities?

I do surf, scuba diving , climb and snowboard

What is your current occupation?

I Self taught music and German language and I work in agency of models and actors

Please describe your personality:

I really like enjoy every second of life and I appreciate everything around. Taking care of people, animals and environment.

Always finding reasons to smile and be happy :)

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

No

Have you worn braces? No

Questions:

- Why do you want to become a donor? I would like to help others.
- For Egg Donor: Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process? Yes
- Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? Yes
 - If no, please explain:
- If they request it, are you willing to meet your intended parents?Yes
- Are you open to meeting the child in the future if that is requested?Yes
- Are you open to exchanging future contact information with your intended Parents(s)? Yes
- Where did you grow up? South of Spain
- Do you have any siblings? If so, tell us about each of them:

Yes , 2 beautiful brothers with a giant heart , also athletics.

1 little sister of 5 years old . Really smart and we are so identical.

- Do you have any children? If so, tell us about each of them: No

Personal Health History

- Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list: No
- Do you drink alcohol? If yes, how many drinks per week? No
- Have you ever been a donor before? If yes, did a pregnancy occur? Yes
- Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? No
- Are you taking any recreational drugs? If yes, what are you taking? No
- Do you smoke? No

Egg Donor Please answer:

- Have you ever been pregnant? If yes, how many times and what was the outcome? No
- Are your menstrual cycles regular? If no, please explain: Yes , every 28 days

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	no		Yes No		
Mental Retardation	no		Yes No		
Autism / Asperger's	no		Yes No		
Physical Malformation	no		Yes No		
Paralysis or crippling disorders	no		Yes No		
Alcohol or Drug Addiction	no		Yes No		
Cystic Fibrosis	no		Yes No		
Sickle Cell Anemia	no		Yes No		
Lupus	no		Yes No		
Miscarriages, still births, neonatal deaths	no		Yes No		
High blood pressure, heart attacks or strokes	no		Yes No		
Memory loss or dementia	no		Yes No		
Osteoporosis	no		Yes No		
Arthritis	no		Yes No		
Allergies	no		Yes No		
Blood diseases	no		Yes No		
Diabetes (Specifically Type 1 or Type 2)	no		Yes No		
Thyroid issues	no		Yes No		
Learning disabilities	no		Yes No		
Seizure or epilepsy	no		Yes No		
Depression	no		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Panic attacks	no		Yes No		
Schizophrenia	no		Yes No		
Bipolar Disorder	no		Yes No		
ADD or ADHD	no		Yes No		
Age-related issues	no		Yes No		
Kidney problems / diseases	no		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	no		Yes No		
Vision/Sight/Eye Problems	no		Yes No		











