ACRC Gametes Donation
ACRC Global Fertility Holding Group

Donor Code: CD1361

Eye Color	Hair Color	Height
Brown	Brown	170 cm

Ethnicity	Blood Type	Education
Italian	A+	College Graduate

Donor Location	Willing to Travel Out of State?	Date of Birth
Argentina		04/29/2000

Please choose a pseudonym for your profile:

Basic Information

Date of Birth   <u>04/29/2000</u>
Height   **<u>1,70</u>**
Weight   **<u>52Kg</u>**
Hair Color   **<u>Brown</u>**
Eye Color   **<u>Light brown</u>**
Ethnic Origin   **<u>Italian</u>**
Maternal Heritage **<u>Italian</u>**
Paternal Heritage **<u>Italian</u>**
Blood Type   **<u>A+</u>**
Visa   ☒Yes   ☐No

Education and Background

Highest Level of education	<u>University</u>
College Major	**<u>Hospitality management</u>** **<u>Psychology</u>** **<u>Internship as flight attendant</u>**
What was your college GPA?	**<u>4.1</u>**
What college(s) or university(ies) have you attended?	**<u>Mariano Moreno (Hospitality)</u>** **<u>ICA (flight attendant)</u>**
Do you have any artistic abilities? Please List:	**<u>Paint and crafts</u>**
Do you have any athletic abilities?	**<u>I love practice deports! When young I played football, handball skate, swimming and hockey</u>**
What is your current occupation?	**<u>Student</u>**
Please describe your personality:	**<u>Intelligent, creative, bold, proactive, capable, assertive, honest</u>**
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	**<u>No</u>**
Have you worn braces?	**<u>I started this year in August</u>**

Questions:

- Why do you want to become a donor?

For help who want to be parents

- 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?

No

- Are you open to exchanging future contact information with your intended Parents(s)?

No

- Where did you grow up?

Argentina

- Do you have any siblings? If so, tell us about each of them:

Yes, I´ve 3 brothers! 2 youngers and both loves to play football. My old brother is really intelligent, he loves numbers.

- 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?

no

- 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

Family Medical History

Note:

Medical history will be verified. Anything purposefully omitted may result in being dropped from the program.

If any of the following has occurred in your family, please list which family member and explain:

Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	50	1.77	Brown	Brown	College		Engineer
Mother	F	49	1.73	brown	brown	University		Teacher
Paternal Grandmother	F	74	1.71	green	Brown	college		Teacher
Paternal Grandfather	M	77	1.79	Brown	brown	College		teacher
Maternal Grandmother	F	76	1.67	Brown	brown	College		Housewife
Maternal Grandfather	M	77	1.76	brown	Brown	college		engineer
Sibling	M	15	1.77	Brown	brown	High school		Student
Sibling	M	18	1.78	green	Brown	University		Student
Sibling	M		1.77	brown	brown	university		Programmer (systems engineer)

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		
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		