



ACRC Gametes Donation

ACRC Global Fertility Holding Group



AD231

| Eye Color | Hair Color | Height |
|----------------|---------------|---|
| Brown | Black | 156 |
| Ethnicity | Blood Type | Education |
| Taiwanese | AB | The School of Compassionate Healthcare Management |
| Donor Location | Date of Birth | |
| Taiwan | 1996-08-11 | |

Donor Photos







X



Physical Information

Eye Color
Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

No

Complexion/Skin Tone

natural

What is your occupation?

The hairdressing industry"

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

N/a

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

Do you play sports or exercise?

Yes

How often do you exercise?

N/a

What type of sports or exercise?

Swimming , weight training

Please describe your athletic abilities.

Sing / take risks / travel / nature/flute

Please describe your personality.

An outgoing, passionate individual driven by challenges, with a keen interest in exploring new avenues. Thrives on entrepreneurship, pursuing achievements with fervor." "

Please describe your hobbies.

Flute and music

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

| Institution | Location | Degrees/Majors |
|---|----------|--------------------|
| The School of Compassionate Healthcare Management | Taiwan | Tourism Management |

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

N/a

How often do you get your menstrual period?

Monthly

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

No

Estimated last date of PAP smear, normal or abnormal?

No

Personal Health and Medical Information

Overall health condition

Healthy

Date of your last pap smear. (If none put N/A)

N/a

What were the results of your last pap smear?

Normal

Are you adopted?

No

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

N/a

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.

No

Have you taken any medications within the past 12 months?

No

Have you ever been diagnosed with cancer?

No

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?

No

Have you ever been rejected for a blood transfusion?

No

Have you ever had serious mental health issues?

No

Do you have any allergies?

No

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

N/A

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

No

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

No

Have you had a tattoo within the past 6 months?

No

Have you had a piercing within the past 6 months?

Yes

How is your hearing without a hearing aid?

Excellent

Have you ever had any complications with anesthesia?

No

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

No

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

No

Family History

Have you or your immediate family suffered from infertility?

No

Does your family have twins or triplets?

N/a

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

No

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

No

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

No

Genetic Information - Family

Please tell us some basic details about your biological mother.

| | |
|-----------------------|----|
| Age and Health Status | 53 |
|-----------------------|----|

| | |
|--------|-----|
| Height | 158 |
|--------|-----|

| | |
|--------|-----|
| Weight | N/a |
|--------|-----|

| | |
|------------|-------|
| Hair Color | Black |
|------------|-------|

| | |
|-----------|-------|
| Eye Color | Brown |
|-----------|-------|

| | |
|------------------------|-------------|
| Education & Occupation | High school |
|------------------------|-------------|

Please tell us some basic details about your biological father

| | |
|------------------------|-------------|
| Age and Health Status | 55 |
| Height | 172 |
| Weight | N/a |
| Hair Color | Black |
| Eye Color | Brown |
| Education & Occupation | High school |

Please tell us some basic details about your biological grandparents

| | Maternal Grandmother | Maternal Grandfather | Paternal Grandmother | Paternal Grandfather |
|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Age and Health Status | 86 | 65 | 83 | 80 |
| Height | 160 | 170 | 160 | 170 |
| Weight | N/a | N/a | N/a | N/a |
| Hair Color | Black | Black | Black | Black |
| Eye Color | Brown | Brown | Brown | Brown |

Egg Donation History

Why do you want to become an egg donor?

I aim to help others create happy families while young. The vast world and fate uniting us are ideal. Grateful for my parents' genes, enabling me to stand tall and aid strangers worldwide in finding happiness.

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

N/a

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

N/a

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.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

Second donation

Third donation
