



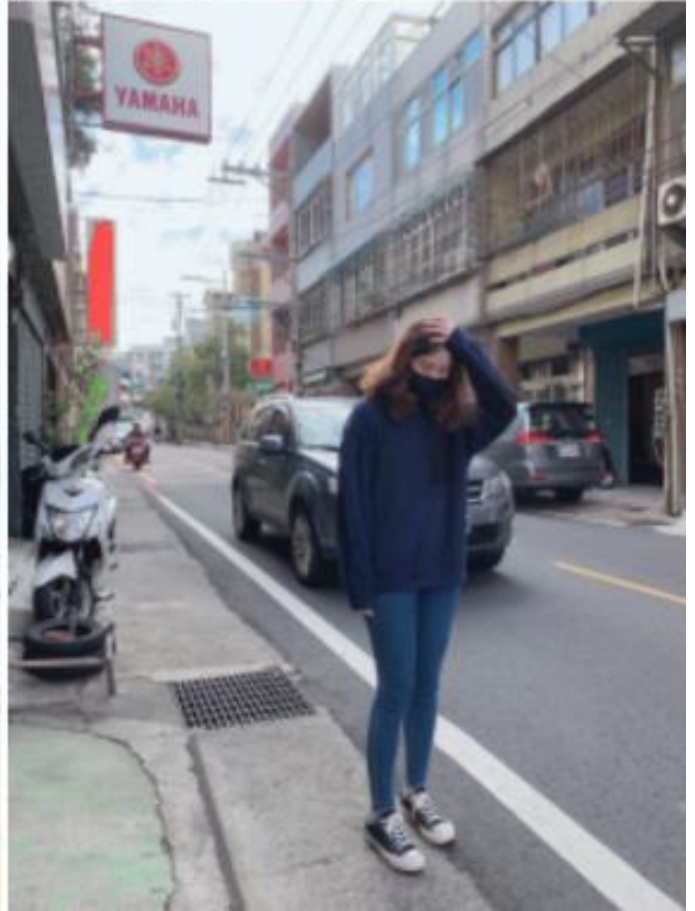
AD106

Eye Color	Hair Color	Height
Black	Black	171
Ethnicity	Blood Type	Education
Asian	A	bachelor
Donor Location	Date of birth	
Taiwan		

Donor photos









Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

Excellent

Complexion/Skin Tone

Fair-skinned

What is your occupation?

Assistant of Traditional Chinese Medicine Clinic

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?

yes

How often do you exercise?

N/a

What type of sports or exercise?

Basketball, badminton, volleyball

Please describe your athletic abilities.

Good

Please describe your personality.

Outgoing, lively, confident, kind and simple

Please describe your hobbies.

fitness, cooking, Good for all kinds of activities

Education Information

Highest level of education completed.

University Graduate

Do you have any college background?

Yes

College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Peiyuan University	Taiwan	Department of Health and Leisure Management

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Condom

How often do you get your menstrual period?

28

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

NO

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)

11/27

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.

N/a

Have you ever had any surgery (medical, dental or plastic/cosmetic)?

No

If yes, please list the surgery procedure and year.

N/a

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?

No

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?

No

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	50/good
Height	165
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	Highschool & housewife

Please tell us some basic details about your biological father

Age and Health Status	51/good
Height	175
Weight	N/a
Hair Color	Black
Eye Color	Black
Education & Occupation	Highschool & proprietor

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	83/ died of old age	87/ died of old age	77/good	80/ died of old age
Height	162	177	160	173
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?

Hope I can help you to start a family

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

Hope I can help you to start a family

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

N/a

Have you donated eggs in the past?

Yes

Please list the date

N/a

Name of the clinic

N/a

Number of eggs retrieved.

N/a

Number of embryos that passed PGS testing.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

N/a

Second donation

N/a

Third donation

N/a
