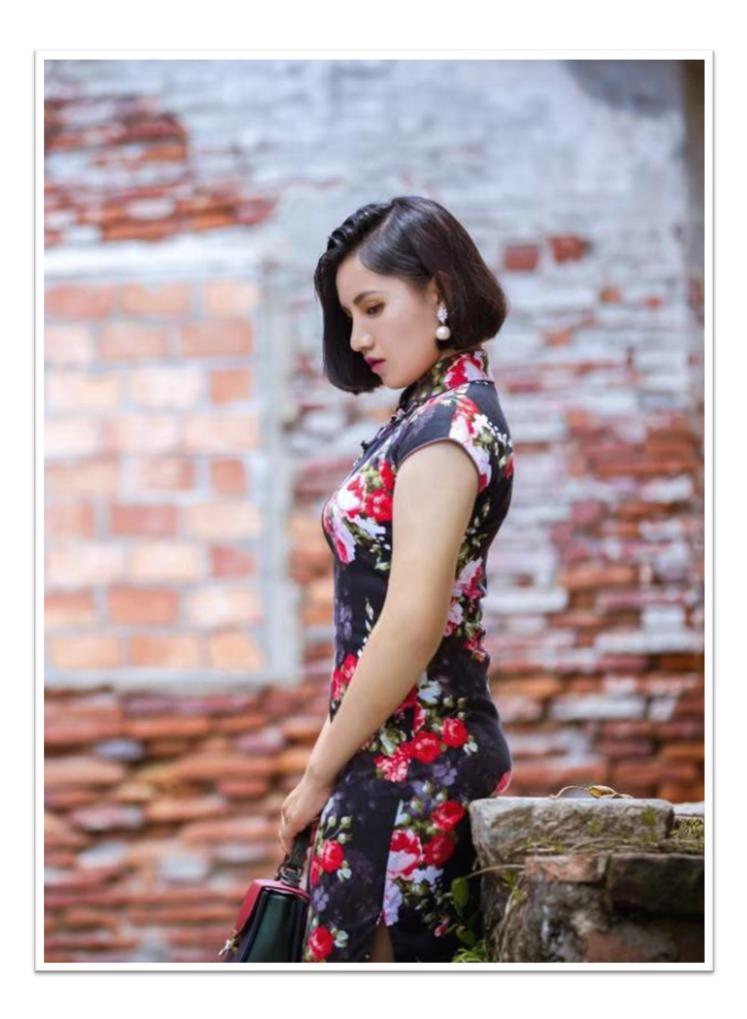




AD1304

Eye Color	Hair Color	Height
Dark Brown	Black	165cm
Ethnicity	Blood Type	Education
Asian - Taiwanese	В	Bachelors
Donor Location	Date of Birth	
Taiwán	1999-03-02	













Physical Information Eye Color Dark Brown **Natural Hair Color Black Natural Hair Type** Stright **Corrective Dental** No Weight 51 Vision Good **Complexion/Skin Tone** Fair What is your occupation and Education? **Bachelors** Teacher Do you have any musical talents? If any, please list. N/a Do you have any artistic abilities? If any, please list. **Painting** Do you play sports or exercise? Yes, Swimming How often do you exercise? Yes, Daily

Please describe your personality.	
Outgoing, lively, cheerful, straightforward, naive, and organized.	
Please describe your hobbies.	
Cooking, reading, badminton, swimming.	
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?	
Every month	
Have you ever had an abortion, miscarriage, or ectopic pregnancy?	
No	

Please describe your athletic abilities. Athletic, fast, swimming, and flexible.

Personal Health and Medical Information Overall health condition Healthy Date of your last pap smear. (If none put N/A) 2023 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. 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?

Have you ever had hepatitis B or C?

Have you ever had syphilis or gonorrhea?

No

No

No

Have you ever had a blood transfusion? No
Have you ever been rejected for a blood transfusion?N 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)? Occasional
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? No
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

Have you or your immediate family suffered from infertility? No	
Family has twins or triplets?	
No	
Have any of your family members ever had a serious illness? No	
Any of your family members ever had a serious mental illness? No	
Any of your family members have genetic disorders? No	

Family History

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status 58 - Healthy	
Height	
167	
Weight	
48	
Hair Color	
Black	
Eye Color	
Brown	
Education & Occupation	
Bachelors	

Please tell us some basic details about your biological father

Age and Health Status 57 -Healthy
Height
180
Weight
70
Hair Color
Black
Eye Color
Black
Education & Occupation
Bachelor

Please tell us some basic details about your biological grandparents

	Maternal	Maternal	Paternal	Paternal
	Grandmother	Grandfather	Grandmother	Grandfather
Age and Health Status	91	95	92	94
Height	166	179	168	184
Weight	50	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

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

I hope my insignificant kindness can help your family to be happy.

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

Anonymous

Have you donated eggs in the past?

Yes

Egg Donation Information

2 Cycles

25 Eggs