



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code: CD1384**



**Eye Color**

**Brown**

**Hair Color**

**Brown**

**Height**

**154 cm**

**Ethnicity**

**Caucasian**

**Blood Type**

**A**

**Education**

**Graduate Student**

**Donor Location**

**Brazil**

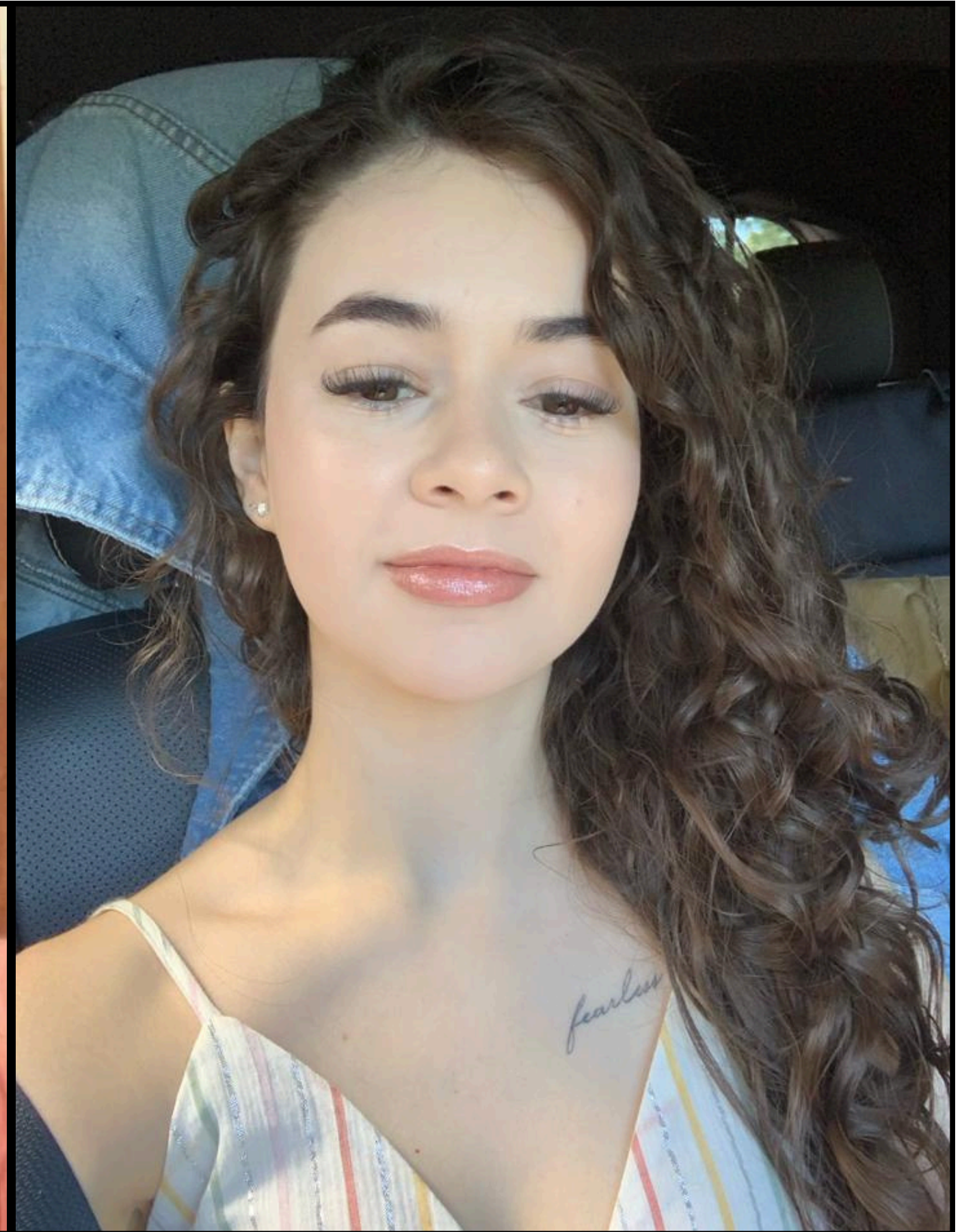
**Willing to Travel Out of State?**

**Date of Birth**

**2000-12-23**



## Donor Pictures



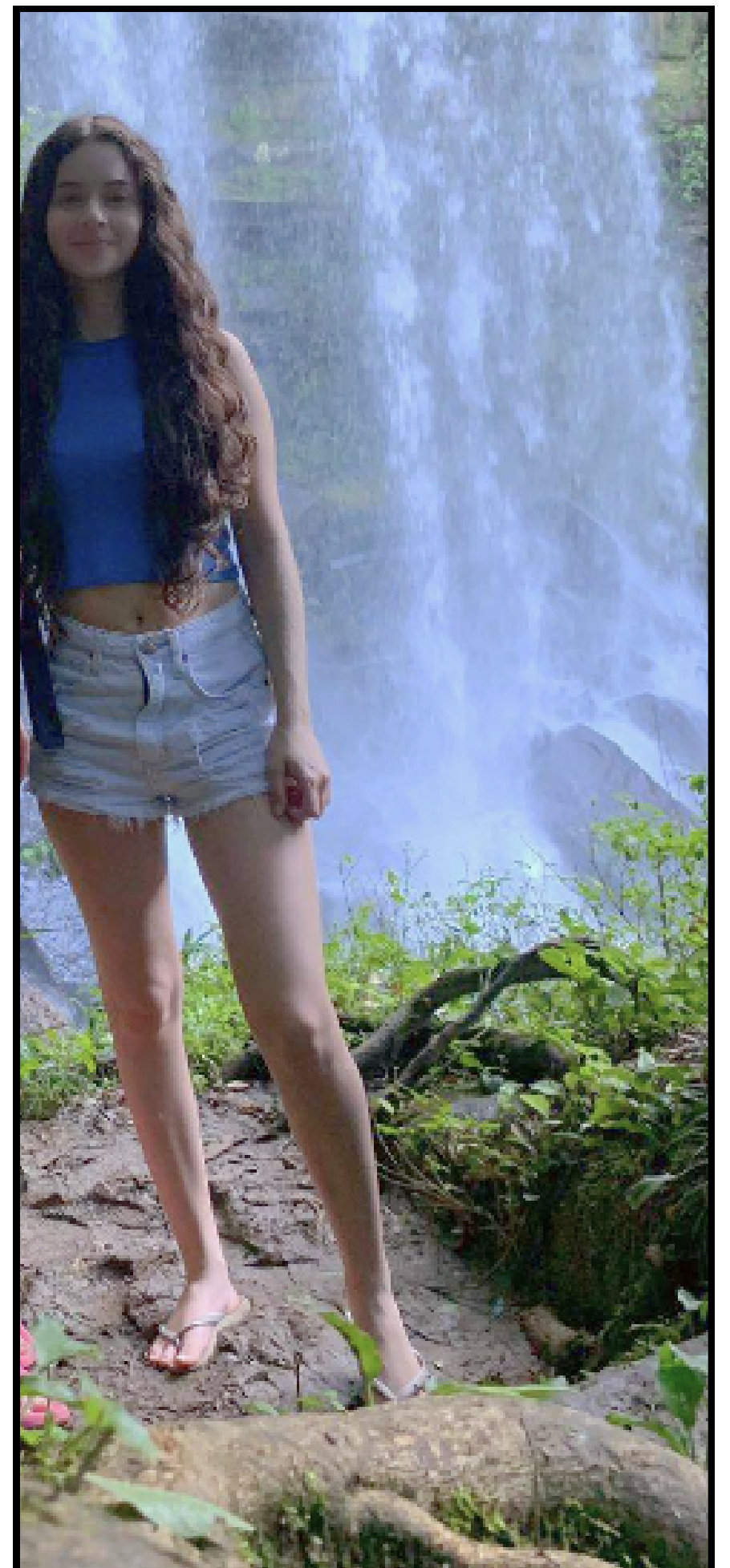
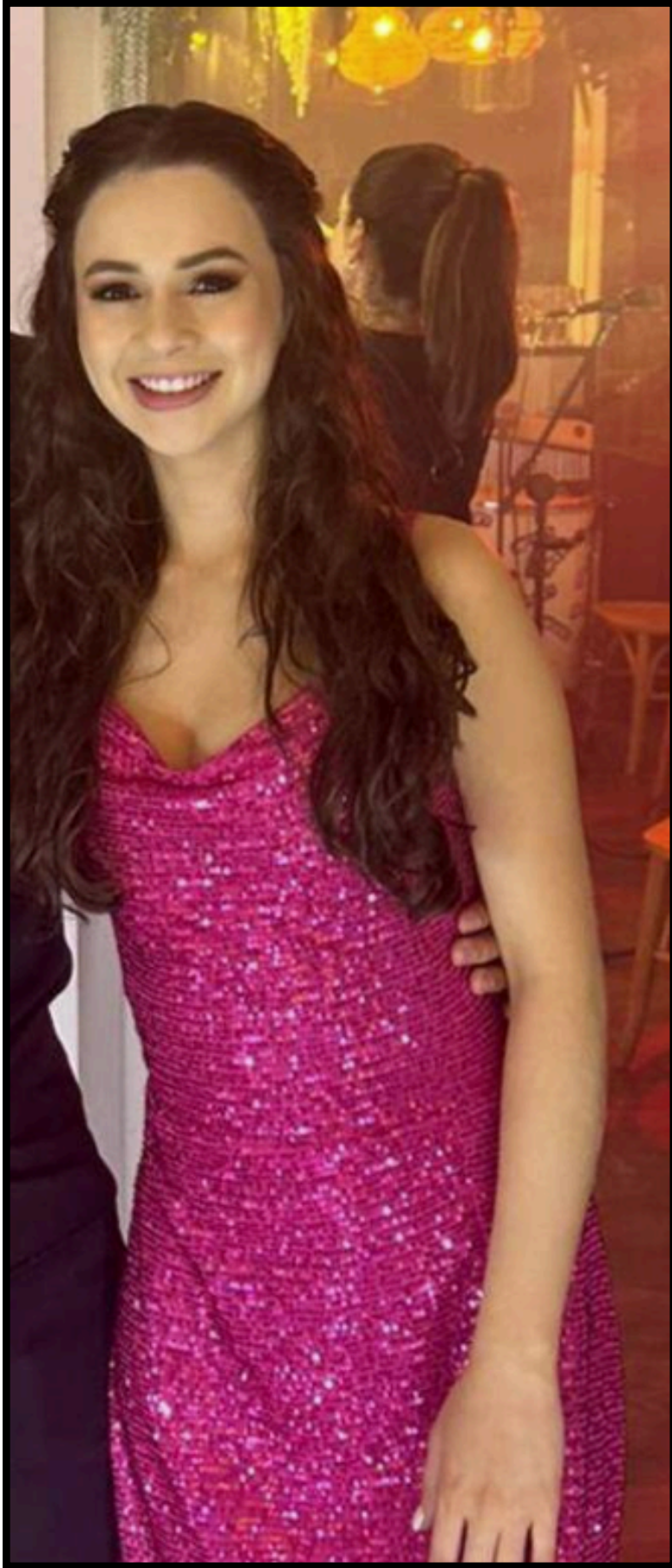


## Donor Pictures





## Donor Pictures





## Physical Information

Do you have tattoo or body piercing? If yes, please indicate the year they done.

No

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Have you ever done plastic surgery before? Please Describe.

No

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What is your occupation?

Medicine student

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## Education

The highest level of education completed?

Currently Enrolled in College

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Name of the university you have attended or graduated? what is your major? what is your GPA

Estácio Idomed de Jaraguá do Sul, medicine

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What language/languages do you speak?

Portuguese and intermediary English

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## Character/Personality

Describe your character/personality?

I am very kind to people and I am very empathetic. I like giving my time to make people happy. I'm very intelligent and especially smart. When I was a child I learned everything very quickly, I learned very quickly to talk, do the bathroom needs alone, without diapers, take a bath alone. I am organized and very hygienic.

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Describe your hobby/interests?

I really love watching movies, series and especially reading books. I always have an annual reading goal so I read a lot. I'm very connected with nature and animals so I usually spend weekends outdoors like beaches, fields, waterfalls.

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If a message could pass, what would you like to say to the intended parents?

I hope I can bring this happiness that is the blessing of a child into your lives. I'm willing to meet you or not, however you want, anonymous or not, I'm here to help you

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## Reproductive History

Have you ever been pregnant before and how was the outcome

No

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Do you have regular monthly menstrual period? If no, please explain

Yes

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What form of birth control are you using?

condom

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## Medical Information

Have you ever had or do you have any medical problems?

No

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Have you ever had or do you have any psychological problems?

No

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Have you ever had or do you have any serious illnesses or injuries?

No

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Do you consume alcoholic beverages?

No

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Do you smoke?

No

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Do you exercise? And how often?

Yes, 4 times per week

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## Donation History

Have you ever donated before?

No

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If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable

N/a

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## Family History

Family	Age	Height (CM)	Hair Color	Eye Color	Health Status
Father	Deceased	172	Brown	brown	Deceased
Mother	43	154	Blond	Brown	Healthy
Paternal Grandfather	90	185	Brown	Brown	Healthy
Paternal Grandmother	88	154	Brown	Brown	Healthy
Maternal Grandfather	74	175	blond	blue	Healthy
Maternal Grandmother	72	154	brown	brown	Healthy