



**ACRC Gametes Donation**

ACRC Global Fertility Holding Group



**AD112**

Eye Color	Hair Color	Height
Black	Black	160
Ethnicity	Blood Type	Education
Asian	B	University
Donor Location	Date of birth	
Taiwan	1995-02-09	

## Donor Photos









## Physical Information

**Eye Color**

Black

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**Natural Hair Color**

Black

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**Natural Hair Type**

Straight

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**Corrective Dental**

No

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**Vision**

Left 200/Right 250

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**Complexion/Skin Tone**

Medium tone

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**What is your occupation?**

chef

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

No

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

Cooking

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**Do you play sports or exercise?**

Yes

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**How often do you exercise?**

N/a

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What type of sports or exercise?

Hiking, fitness, cycling

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Please describe your athletic abilities.

N/a

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Please describe your personality.

energetic, cautious

Energetic, independent, approachable, friendly, and compassionate

Please describe your hobbies.

Mountain climbing, camping, listening to music, reading

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## Education Information

Highest level of education completed.

University

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Do you have any college background?

Yes

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College Details

	Dates Attended	Institution	Location	Degrees/Majors
1		Chihlee University of Technology	Taiwan	Department of Finance

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## Reproductive Information

Have you ever been pregnant?

No

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Number of Children, if any.

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Current method of birth control.

Condom

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How often do you get your menstrual period?

30

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

No

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Estimated last date of PAP smear, normal or abnormal?

Normal

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## Personal Health and Medical Information

Overall health condition

N/a

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

2023/08

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What were the results of your last pap smear?

04/112

Normal

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**Are you adopted?**

No

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

N/a

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**Do you have or have you ever had a serious health problem?**

No

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**Are you currently treating any diseases? If so, please list.**

N/a

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

No

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**If yes, please list the surgery procedure and year.**

N/a

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**Have you taken any medications within the past 12 months?**

No

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**Have you ever been diagnosed with cancer?**

N/a

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**Do you have any birth defects?**

N/a

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**Have you ever had any STI/STDs?**

No

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**Have you ever had syphilis or gonorrhea?**

No

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**Have you ever had hepatitis B or C?**

No

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**Have you ever had a blood transfusion?**

Yes

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**Have you ever been rejected for a blood transfusion?**

N/a

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**Have you ever had serious mental health issues?**

No

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**Do you have any allergies?**

N/a

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

N/a

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

No

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

No

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**Have you had a tattoo within the past 6 months?**

No

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**Have you had a piercing within the past 6 months?**

Yes

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**How is your hearing without a hearing aid?**

N/a

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**Have you ever had any complications with anesthesia?**

N/a

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

N/a

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

N/a

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## Family History

**Have you or your immediate family suffered from infertility?**

N/a

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**Does your family have twins or triplets?**

Yes

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

N/a

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

N/a

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

N/a

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## Genetic Information - Family

Please tell us some basic details about your biological mother.

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<b>Age and Health Status</b>	<b>57/good</b>
<b>Height</b>	<b>156</b>
<b>Weight</b>	<b>N/a</b>
<b>Hair Color</b>	<b>Black</b>
<b>Eye Color</b>	<b>Black</b>
<b>Education &amp; Occupation</b>	<b>High school/ chef</b>

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Please tell us some basic details about your biological father

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<b>Age and Health Status</b>	<b>60/good</b>
<b>Height</b>	<b>176</b>
<b>Weight</b>	<b>N/a</b>
<b>Hair Color</b>	<b>Black</b>
<b>Eye Color</b>	<b>Black</b>
<b>Education &amp; Occupation</b>	<b>High school/ Professional bus driving</b>

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Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Elder brother	Elder sister	Elder brother
Age and Health Status	82/ good	68/ Died unexpectedly	63/good	78/ Leaving old age	37 / good	32/good	31/good
Height	155	175	162	173	177	163	178
Weight	N/a	N/a	N/a	N/a	N/a	N/a	N/a
Hair Color	Black	Black	Black	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black	Black	Black	Black

## Egg Donation History

Why do you want to become an egg donor?

During normal times, I regularly donate blood. I hope that, if my health allows, I can find more ways to help those in need.

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

Thank you for your hard work. I hope I can help you build a complete family and fulfill your family blueprint. I wish you happiness and that your dreams come true on this journey.

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

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**Pregnancy outcomes (if known and applicable).**

**N/a**

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**First donation**

**2023/10 (24)**

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**Second donation**

**N/a**

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**Third donation**

**N/a**

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