



ACRC Gametes Donation
ACRC Global Fertility Holding Group



AD1314

Eye Color

Black

Hair Color

Black

Height

163

Ethnicity

Asian - Japanese

Blood Type

O

Education

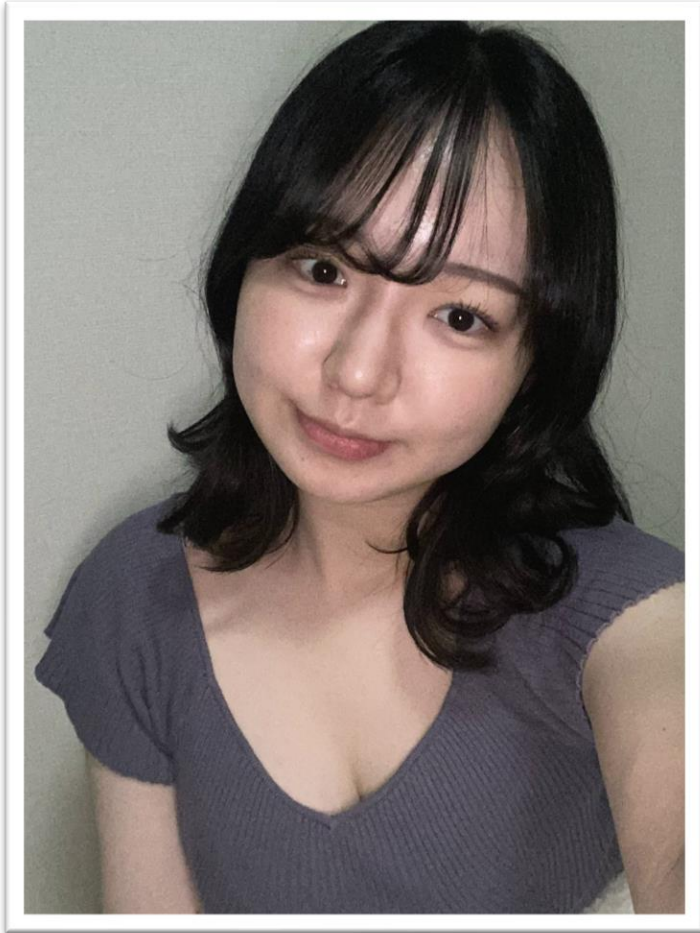
Junior College

Donor Location

Japan

Date of Birth

2001-08-23





Physical Information

Eye

Color

Black

Natural Hair Color

Black

Natural Hair Type

Wavy

Corrective Dental

No

Weight

57

Complexion/Skin Tone

Fair

What is your occupation?

Classical Ballet Instructor

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

N/a

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

Photography

Do you play sports or exercise?

Yes, Classical ballet, badminton, rhythmic gymnastics.

How often do you exercise?

4 - 5 days per week

Please describe your athletic abilities.

I began learning classical ballet, swimming, and rhythmic gymnastics at the age of three, and always ranked highly in physical fitness tests.

Please describe your personality.

I am cheerful and can quickly become friends with anyone. I am not shy. I have never been nervous in front of a large group of people, and I am calm and confident in myself.

Please describe your hobbies.

Travel, flower path, and camera.

When I have a long vacation, I go traveling, and if I have just one day off, I spend it reading a book.

Education Information

Highest level of education completed.

Junior College

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Ikenobo Junior College	Japan	Associates	N/a

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?

Monthly

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

No

Personal Health and Medical Information

Overall health condition

Excellent

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

2021

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)?

Yes

If yes, please list the surgery procedure and year.

Nose surgery

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)?

No

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

1 per month

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?

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

54-Good

Height

163

Weight

52

Hair Color

Black

Eye Color

Black

Education & Occupation

College Graduate

Please tell us some basic details about your biological father

Age and Health Status

57 - Good

Height

183

Weight

72

Hair Color

Black

Eye Color

Black

Education & Occupation

College Graduate

Business Owner

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	72	76	87-Deceased	89
Height	155	176	157	175
Weight	55	70	65	68
Hair Color	Black	Black	Black	Black
Eye Color	Black	Black	Black	Black

Egg Donation History

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

If my eggs can be useful to someone, I would definitely like them to be used.

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

Anonymous

Have you donated eggs in the past?

No

Please list the date

N/a

Name of the clinic

N/a

Number of eggs retrieved.

N/a