



Donor Code **AD121**

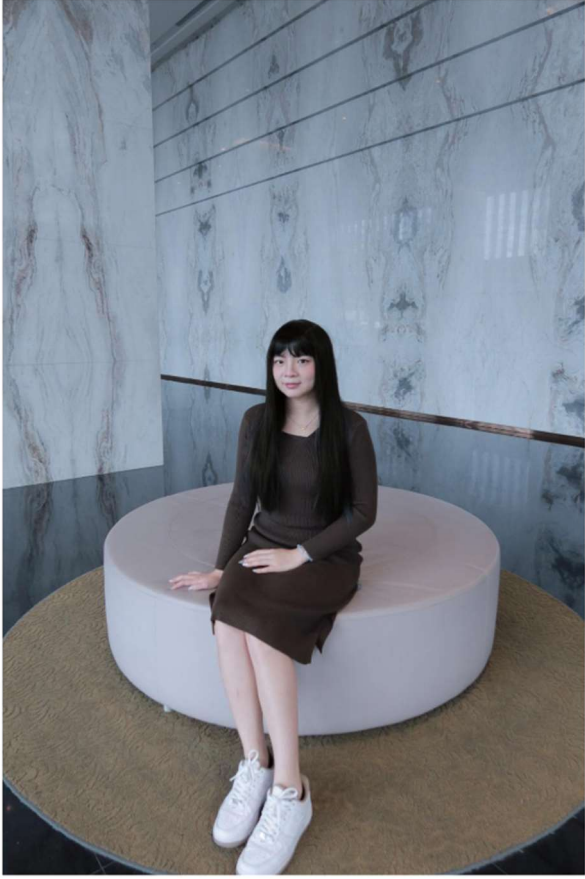


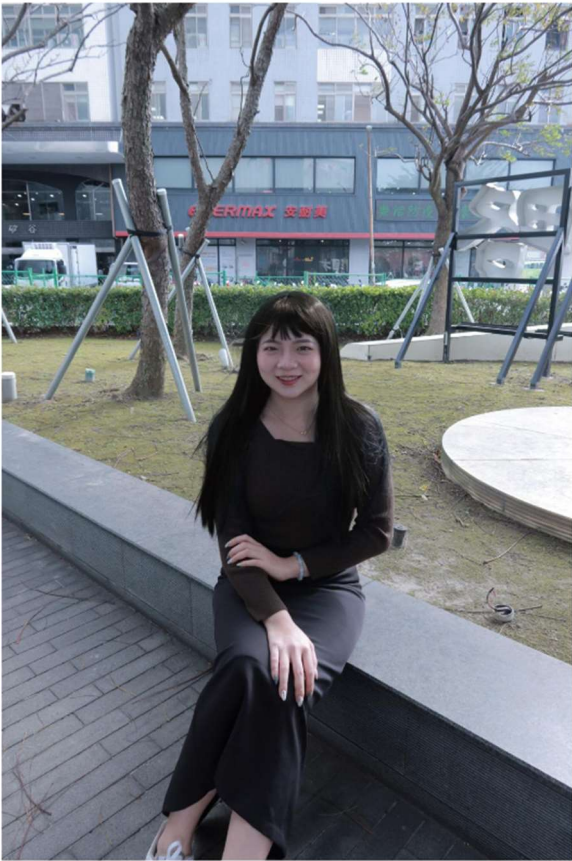
### Genetics and Outcomes

Eye Color	Hair Color	Height
Black	Black	166
Ethnicity	Blood Type	Education
Asian - Taiwanese	N/A	Chung Yuan Christian University
Donor Location	Date of Birth	
Taiwan	1997-07-08	

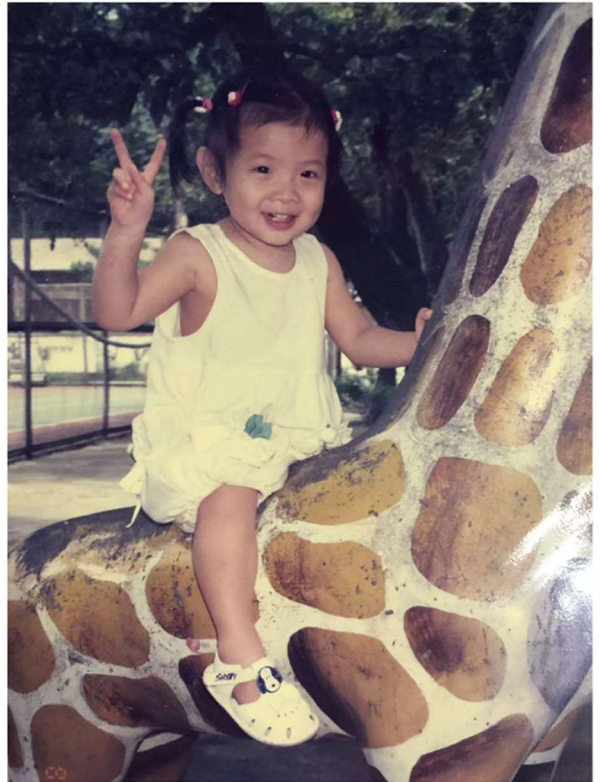
## Donor Photos













## 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/Right 350/350

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**Complexion/Skin Tone**

Fair

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**What is your occupation?**

Product Sales

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

N/A

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

Good drawing ability

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**Do you play sports or exercise?**

Basketball, swimming

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**How often do you exercise?**

N/A

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**What type of sports or exercise?**

N/A

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**Please describe your athletic abilities.**

good physical abilities

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**Please describe your personality.**

Outgoing, proactive, energetic, passionate ENFJ personality

**Please describe your hobbies.**

Traveling, meeting new friends to listen to their life experiences, watching movies, experiencing. Various things I haven't experienced before



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## Education Information

Highest level of education completed.

College

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Do you have any college background?

Yes

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College Details

Dates Attended	Institution	Location	Degrees/Majors
	Chung Yuan Christian University	Taiwan	Graduate Institute of Business Administration

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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?

28 to 31 days

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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?

N/A

## Personal Health and Medical Information

Overall health condition

Good

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

N/A

What were the results of your last pap smear?

N/A

Are you adopted?

No

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

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)?

N/A

If yes, please list the surgery procedure and year.

Have you taken any medications within the past 12 months?

N/A

Have you ever been diagnosed with cancer?

N/A

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?

N/A

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Have you ever been rejected for a blood transfusion?

NO

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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?

No

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How is your hearing without a hearing aid?

Good

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Have you ever had any complications with anesthesia?

No

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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?

No

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## Family History

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Have you or your immediate family suffered from infertility?

N/A

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Does your family have twins or triplets?

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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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Age and Health Status	51 - healthy
Height	166
Weight	N/A
Hair Color	Black
Eye Color	Black
Education & Occupation	5year junior college Technologist

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Please tell us some basic details about your biological father

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Age and Health Status	64 - healthy
Height	175
Weight	N/A
Hair Color	Black
Eye Color	Black

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<b>Education &amp; Occupation</b>	<b>Junior High school Civil Servant</b>
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Please tell us some basic details about your biological grandparents

	<b>Maternal Grandmother</b>	<b>Maternal Grandfather</b>	<b>Paternal Grandmother</b>	<b>Paternal Grandfather</b>
<b>Age and Health Status</b>	<b>73 - healthy</b>	<b>73 - healthy</b>	<b>88- healthy</b>	<b>73 - healthy</b>
<b>Height</b>	<b>168</b>	<b>174</b>	<b>168</b>	<b>177</b>
<b>Weight</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Hair Color</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>
<b>Eye Color</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>	<b>Black</b>

## Egg Donation History

**Why do you want to become an egg donor?**

I have had friends who have donated eggs before, and I have always felt that it's a way to benefit those who cannot conceive on their own. I have always wanted to donate for this reason. Choosing to go abroad is because I see it as an opportunity to travel. I hope that the child born from this will grow up as happy and healthy as I am.

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

N/A

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

N/A

**Have you donated eggs in the past?**

No

**Please list the date**

**Name of the clinic**

**Number of eggs retrieved.**

**Number of embryos that passed PGS testing.**

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

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**First donation**

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**Second donation**

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**Third donation**

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