



Donor Code AD115

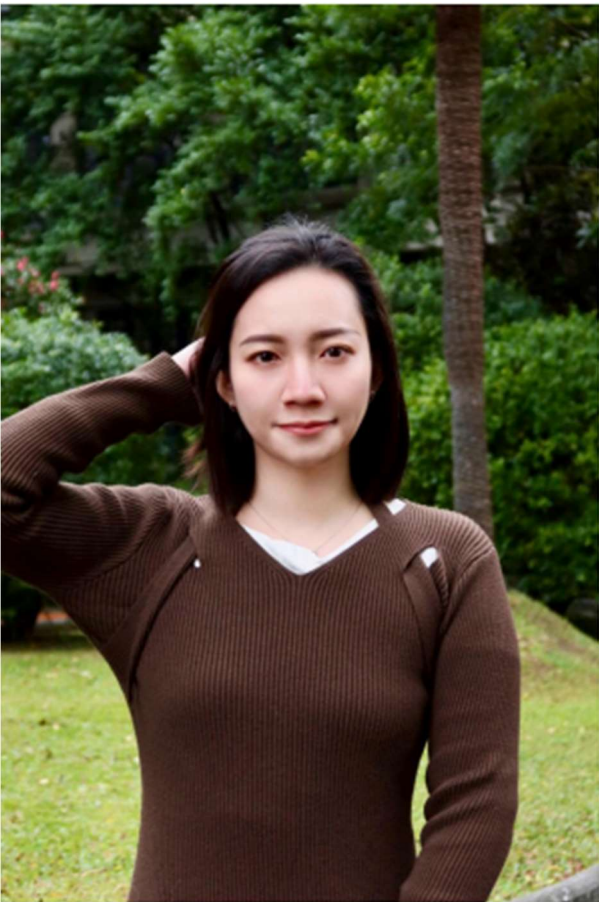


Eye Color	Hair Color	Height
Black	Black	164
Ethnicity	Blood Type	Education
Taiwan	B	University
Donor Location	Willing to Travel Out of State?	DOB
Taiwan	N/a	1997-01-24

Donor Photos











Physical Information

Eye Color

Black

Natural Hair Color

Black

Natural Hair Type

Natural volume

Corrective Dental

Good/correcting

Vision

300/250

Complexion/Skin Tone

medium

What is your occupation?

business

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

No

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

No

Do you play sports or exercise?

yes

How often do you exercise?

weekly

What type of sports or exercise?

climb mountains

Please describe your athletic abilities.

Please describe your personality.

Outgoing, enthusiastic and funny

I am very curious and like challenges. When traveling, I will choose special places like India.

The border/very outgoing likes to participate in outdoor activities and make friends/has empathy animal.

Please describe your hobbies.

travel

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

Institution	Location	Degrees/Majors
Chang Gung University of Science and Technology	Taiwan	Department of Nursing

Reproductive Information

Have you ever been pregnant?

Yes

Number of Children, if any.

0

Current method of birth control.

Condom

How often do you get your menstrual period?

30

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

yes

Estimated last date of PAP smear, normal or abnormal?

normal

Personal Health and Medical Information

Overall health condition

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

N/A

What were the results of your last pap smear?

Good

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)?

No

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?

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?

N/a

Have you ever had serious mental health issues?

No

Do you have any allergies?

N/a

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

N/a

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?

Yes

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	58/good
Height	155
Weight	N/a
Hair Color	Black
Eye Color	Black
Education & Occupation	primary school/ Hairdresser- Housekeeper

Please tell us some basic details about your biological father

Age and Health Status	64/good
Height	172
Weight	
Hair Color	Black
Eye Color	Black
Education & Occupation	high school/ gravel truck driving

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Elder brother	Elder sister	Younger sister
Age and Health Status	94/good	90/good	88/good	90/good	39/good	36/good	25/good
Height	155	170	188	150	172	160	170
Weight							
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?

I want to help mothers who want to have children and give myself the experience of living in the United States for a while.

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

I hope your future children will be outgoing and lively, as healthy and cute as me.

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

Have you donated eggs in the past?

N/A

Please list the date

Name of the clinic

Number of eggs retrieved.

Number of embryos that passed PGS testing.

Pregnancy outcomes (if known and applicable).

First donation

Second donation

Third donation
