



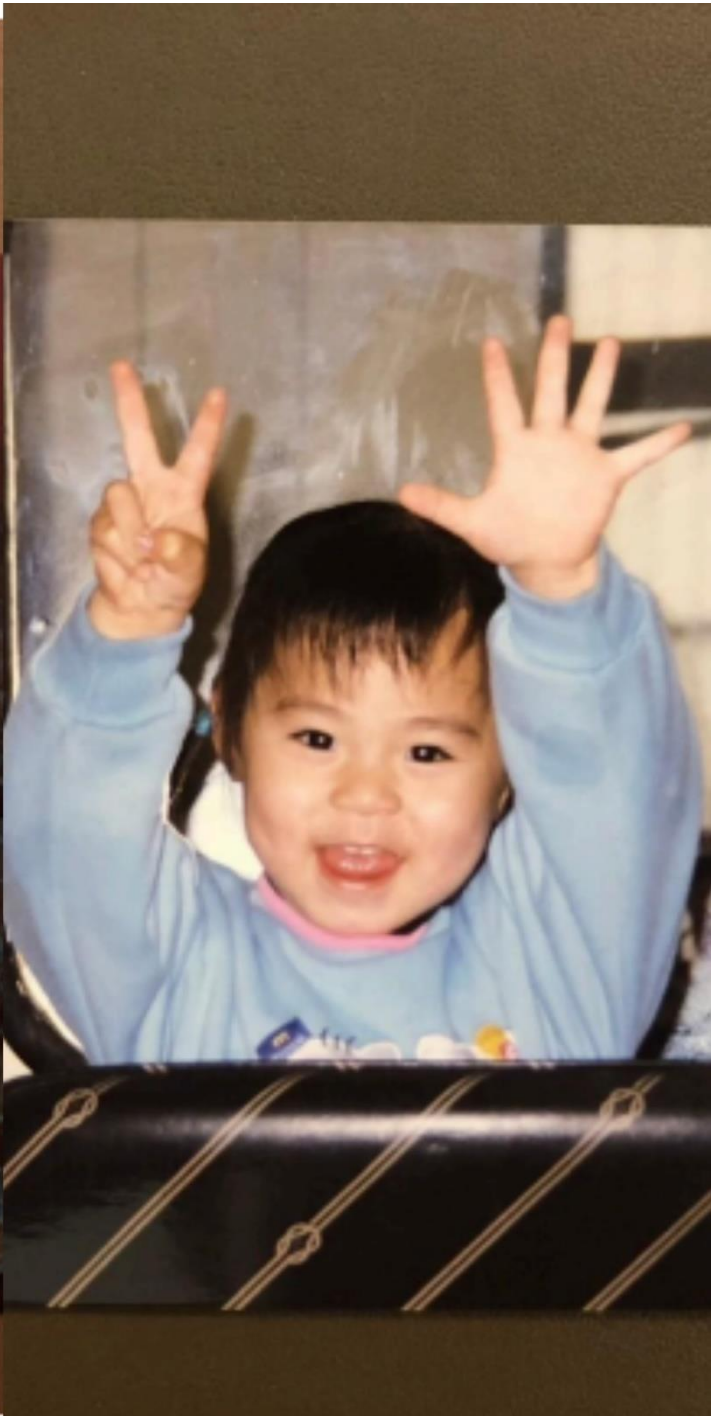
AD138

| Eye Color | Hair Color | Height |
|----------------|---------------|-----------|
| Brown | Black | 165cm |
| Ethnicity | Blood Type | Education |
| Asian | A | College |
| Donor Location | Date of birth | |
| Taiwan | 1997-08-30 | |

Donor Photos









Physical Information

Eye Color

Brown

Natural Hair Color

Black

Natural Hair Type

Straight

Corrective Dental

No

Vision

Good

Complexion/Skin Tone

Fair

What is your occupation?

Insurance agent

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

N/a

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

N/a

Do you play sports or exercise?

Yes

How often do you exercise?

N/a

What type of sports or exercise?

Walking, swimming

Please describe your athletic abilities.

Good

Please describe your personality.

Outgoing and lively, enjoys helping others, optimistic, and efficient in tasks.

Please describe your hobbies.

Playing golf, cooking, reading books, playing the piano, playing the guitar, enjoying mathematics, and engaging in numerical analysis.

Education Information

Highest level of education completed.

University

Do you have any college background?

Yes

College Details

| | Dates Attended | Institution | Location | Degrees/Majors |
|---|----------------|------------------------------|----------|----------------|
| 1 | | Taipei Ming Chuan University | Taiwan | Finance |

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?

26-28days

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

No

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?

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)?

No

If yes, please list the surgery procedure and year.

N/a

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?

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)?

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?

No

How is your hearing without a hearing aid?

Good

Have you ever had any complications with anesthesia?

No

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

N/a

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 | 56/health |
| Height | 163cm |
| Weight | N/a |
| Hair Color | Black |
| Eye Color | Brown |
| Education & Occupation | College /Technology Industry Manager |

Please tell us some basic details about your biological father

| | |
|------------------------|------------------------|
| Age and Health Status | 60/Health |
| Height | 185cm |
| Weight | N/a |
| Hair Color | Black |
| Eye Color | Brown |
| Education & Occupation | College/ Civil Servant |

Please tell us some basic details about your biological grandparents

| | Maternal Grandmother | Maternal Grandfather | Paternal Grandmother | Paternal Grandfather |
|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Age and Health Status | 80/Health | 81/ Health | 78/ Health | 83/ Health |
| Height | 162cm | 181cm | 160cm | 178cm |

| | | | | |
|-------------------|--------------|--------------|--------------|--------------|
| Weight | N/a | N/a | N/a | N/a |
| Hair Color | Black | Black | Black | Black |
| Eye Color | Brown | Brown | Brown | Brown |

Egg Donation History

Why do you want to become an egg donor?

Because my closest friend successfully had a child through IVF, I hope to have the ability to help other infertility patients as well.

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?

Yes

Please list the date

2023/04

Name of the clinic

SD hospital

Number of eggs retrieved.

24 eggs

Number of embryos that passed PGS testing.

N/a

Pregnancy outcomes (if known and applicable).

N/a

First donation

N/a

Second donation

N/a

Third donation

N/a
