



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code: CD1361**



Eye Color	Hair Color	Height
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**Brown**

**Brown**

**170 cm**

Ethnicity	Blood Type	Education
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**Italian**

**A+**

**College Graduate**

Donor Location	Willing to Travel Out of State?	Date of Birth
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**Argentina**

**04/29/2000**

**Please choose a pseudonym for your profile:**

**Basic Information**

Date of Birth 04/29/2000  
Height 1,70  
Weight 52Kg  
Hair Color Brown  
Eye Color Light brown  
Ethnic Origin Italian  
Maternal Heritage Italian  
Paternal Heritage Italian  
Blood Type A+  
Visa  Yes  No

**Education and Background**

Highest Level of education University  
College Major Hospitality management  
Psychology  
Internship as flight attendant  
What was your college GPA? 4.1  
What college(s) or university(ies) have you attended? Mariano Moreno (Hospitality)  
ICA (flight attendant)  
Do you have any artistic abilities? Please List: Paint and crafts  
Do you have any athletic abilities? I love practice deports! When young I played football, handball skate, swimming and hockey.  
What is your current occupation? Student  
Please describe your personality: Intelligent, creative, bold, proactive, capable, assertive, honest  
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? No  
Have you worn braces? I started this year in August

**Questions:**

• Why do you want to become a donor?  
For help who want to be parents

• For Egg Donor: Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?  
yes

• Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?  
yes

○ If no, please explain:  
\_\_\_\_\_

- If they request it, are you willing to meet your intended parents?

yes

- Are you open to meeting the child in the future if that is requested?

No

- Are you open to exchanging future contact information with your intended Parents(s)?

No

- Where did you grow up?

Argentina

- Do you have any siblings? If so, tell us about each of them:

Yes, I've 3 brothers! 2 youngers and both loves to play football. My old brother is really intelligent, he loves numbers.

- Do you have any children? If so, tell us about each of them:

no

### **Personal Health History**

- Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

no

- Do you drink alcohol? If yes, how many drinks per week?

no

- Have you ever been a donor before? If yes, did a pregnancy occur?

no

- Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?

no

- Are you taking any recreational drugs? If yes, what are you taking?

no

- Do you smoke?

no

**Egg Donor Please answer:**

- Have you ever been pregnant? If yes, how many times and what was the outcome?

no

- Are your menstrual cycles regular? If no, please explain:

yes

**Family Medical History**

**Note:**

*Medical history will be verified. Anything purposefully omitted may result in being dropped from the program.*

*If any of the following has occurred in your family, please list which family member and explain:*

<u>Biological Family Member</u>	<u>Sex</u>	<u>Age</u>	<u>Height</u>	<u>Eye Color</u>	<u>Hair Color</u>	<u>Education Level</u>	<u>Deceased</u>	<u>Occupation</u>
Father	M	50	1.77	Brown	Brown	College		Engineer
Mother	F	49	1.73	brown	brown	University		Teacher
Paternal Grandmother	F	74	1.71	green	Brown	college		Teacher
Paternal Grandfather	M	77	1.79	Brown	brown	College		teacher
Maternal Grandmother	F	76	1.67	Brown	brown	College		Housewife
Maternal Grandfather	M	77	1.76	brown	Brown	college		engineer
Sibling	M	15	1.77	Brown	brown	High school		Student
Sibling	M	18	1.78	green	Brown	University		Student
Sibling	M		1.77	brown	brown	university		Programmer (systems engineer)

<u>Disease/Medical Condition</u>	<u>Check one</u>	<u>To Whom</u>	<u>Passed away?</u>	<u>Age of onset/Medication</u>	<u>Age at the time of passing</u>
<u>Cancer</u>	<u>No</u>		<u>Yes No</u>		
<u>Mental Retardation</u>	<u>No</u>		<u>Yes No</u>		
<u>Autism / Asperger's</u>	<u>No</u>		<u>Yes No</u>		
<u>Physical Malformation</u>	<u>No</u>		<u>Yes No</u>		
<u>Paralysis or crippling disorders</u>	<u>No</u>		<u>Yes No</u>		
<u>Alcohol or Drug Addiction</u>	<u>No</u>		<u>Yes No</u>		
<u>Cystic Fibrosis</u>	<u>No</u>		<u>Yes No</u>		
<u>Sickle Cell Anemia</u>	<u>No</u>		<u>Yes No</u>		
<u>Lupus</u>	<u>No</u>		<u>Yes No</u>		
<u>Miscarriages, still births, neonatal deaths</u>	<u>no</u>		<u>Yes No</u>		
<u>High blood pressure, heart attacks or strokes</u>	<u>No</u>		<u>Yes No</u>		
<u>Memory loss or dementia</u>	<u>No</u>		<u>Yes No</u>		
<u>Osteoporosis</u>	<u>No</u>		<u>Yes No</u>		
<u>Arthritis</u>	<u>No</u>		<u>Yes No</u>		
<u>Allergies</u>	<u>No</u>		<u>Yes No</u>		
<u>Blood diseases</u>	<u>No</u>		<u>Yes No</u>		
<u>Diabetes (Specifically Type 1 or Type 2)</u>	<b><u>No</u></b>		<u>Yes No</u>		
<u>Thyroid issues</u>	<u>No</u>		<u>Yes No</u>		
<u>Learning disabilities</u>	<u>No</u>		<u>Yes No</u>		
<u>Seizure or epilepsy</u>	<u>No</u>		<u>Yes No</u>		
<u>Depression</u>	<u>No</u>		<u>Yes No</u>		
<u>Panic attacks</u>	<u>No</u>		<u>Yes No</u>		
<u>Schizophrenia</u>	<u>No</u>		<u>Yes No</u>		
<u>Bipolar Disorder</u>	<u>No</u>		<u>Yes No</u>		
<u>ADD or ADHD</u>	<u>No</u>		<u>Yes No</u>		
<u>Age-related issues</u>	<u>No</u>		<u>Yes No</u>		
<u>Kidney problems / diseases</u>	<u>No</u>		<u>Yes No</u>		
<u>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</u>	<u>No</u>		<u>Yes No</u>		
<u>Vision/Sight/Eye Problems</u>	<u>No</u>		<u>Yes No</u>		



















