ACRC Gametes Donation
ACRC Global Fertility Holding Group

Donor Code : CDV001
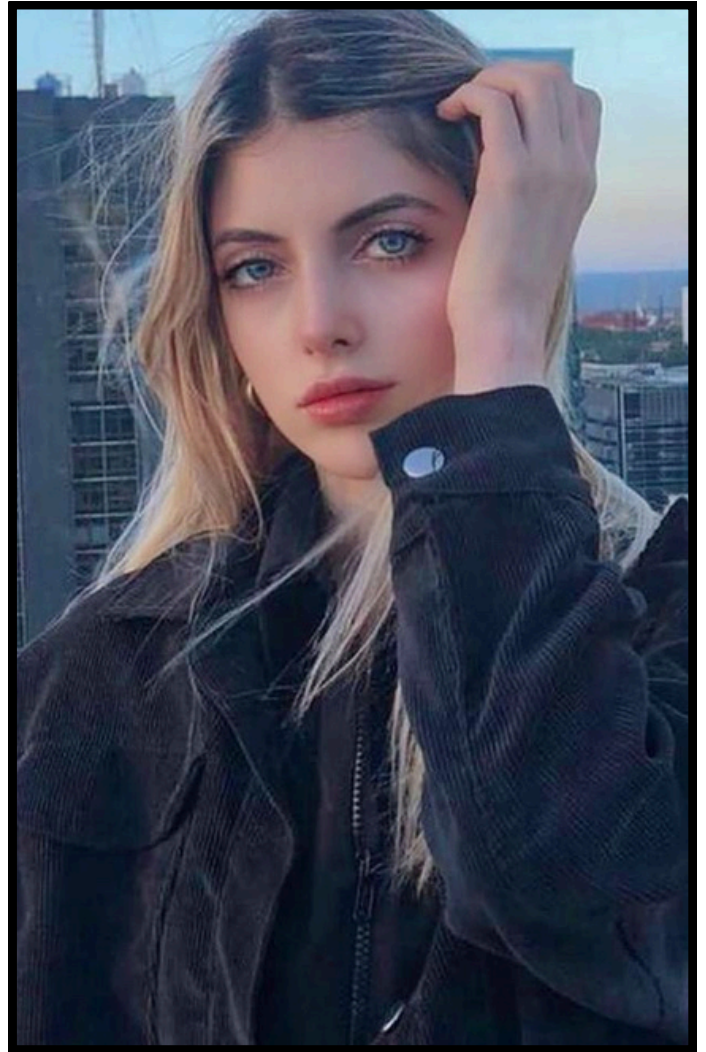
Eye Color	Hair Color	Height
Green	Brown	169 CM/ 72 KG

Ethnicity	Blood Type	Education
White		University graduate

Donor Location	Willing to Travel Out of State?	Date of Birth
Argentina		1998

Please choose a pseudonym for your profile:

Basic Information

Date of Birth	01/04/1998
Height	1.69
Weight	52Kg
Hair Color	Brown
Eye Color	Green
Ethnic Origin	Argentina
Maternal Heritage	Ireland
Paternal Heritage	France
Blood Type	
Visa	☒Yes ☐No

Education and Background

Highest Level of education	University
College Major	Psicology
What was your college GPA?	A
What college(s) or university(ies) have you attended?	Universidad del Valle de Mexico (UVM)
Do you have any artistic abilities? Please List:	Sing and guitar
Do you have any athletic abilities?	Yoga, climb, gym
What is your current occupation?	Student and model
Please describe your personality:	I'm a empathic person, animals and nature lover Intelligent, persistent and gently
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	No
Have you worn braces?	No

Questions:

- Why do you want to become a donor?

I already donated twice in Mexico, and I really loved the experience of helping other people

- 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?
  no

- 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)?
  Only in health cases

- Where did you grow up?

Argentina

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

Yes, I've one old brother. He was my best friend since I remember. He`s gentleman, intelligent, and the nicer man ever

- 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?
  Twice a month

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

Yes, in Mexico. I asked about a record but they cant give to me. Pregnancy occur in both donations.

- 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, every 26 – 28 days. I'm not using BC pills

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:

Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	61	1,83	Brown	brown	college	-	Owner of a market
Mother	F	51	1,69	blue	brown	University	-	teacher
Paternal Grandmother	F	86	1.67	Brown	brown	College	Car accident	Housewife
Paternal Grandfather	M	89	1.81	Light brown	Brown	university	Car accident	Owner of a market
Maternal Grandmother	F	74	1,72	blue	blond	university	-	Retired Lawyer

Maternal Grandfather	M77	1,81	blue	brown	university	Died covid	lawyer
Sibling	M30	1,87	green	brown	university	-	engineer
Sibling							
Sibling							

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/Medication	Age at the time of passing
			Yes	No		
Cancer	No					
Mental Retardation	No		Yes	No		
Autism / Asperger's	No		Yes	No		
Physical Malformation	No		Yes	No		
Paralysis or crippling disorders	No		Yes	No		
Alcohol or Drug Addiction	No		Yes	No		
Cystic Fibrosis	No		Yes	No		
Sickle Cell Anemia	No		Yes	No		
Lupus	No		Yes	No		
Miscarriages, still births, neonatal deaths	No		Yes	No		
High blood pressure, heart attacks or strokes	No		Yes	No		
Memory loss or dementia	No		Yes	No		
Osteoporosis	No		Yes	No		
Arthritis	No		Yes	No		
Allergies	No		Yes	No		
Blood diseases	No		Yes	No		
Diabetes (Specifically Type 1 or Type 2)	**No**		Yes	No		
Thyroid issues	No		Yes	No		
Learning disabilities	No		Yes	No		
Seizure or epilepsy	No		Yes	No		
Depression	No		Yes	No		
Panic attacks	No		Yes	No		
Schizophrenia	No		Yes	No		
Bipolar Disorder	No		Yes	No		
			Yes	No		

ADD or ADHD	No	
Age-related issues	No	Yes No
Kidney problems / diseases	No	Yes No
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No	Yes No
Vision/Sight/Eye Problems	My father use glasses for read	Yes No

Crop