



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CD0001



Eye Color	Hair Color	Height
Green	Light Brown	179 CM/ 62 KG
Ethnicity	Blood Type	Education
Caucasian	O	College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Brazil		1993



Donor Questionnaire

Please choose a pseudonym for your profile: Ra

Basic Information

Age	30
Height	1,79
Weight	62kg
Hair Color	Light brown
Eye Color	Green
Ethnic Origin	Italy ang german
Maternal Heritage	Italy
Paternal Heritage	German
Blood Type	O+
Visa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education and Background

Highest Level of education	University complete
College Major	University
What was your college GPA?	89%
What college(s) or university(ies) have you attended?	Administration
Do you have any artistic abilities? Please List:	Actriz and paint for hobby
Do you have any athletic abilities?	Play tennis and ride a bike
What is your current occupation?	Model
Please describe your personality:	Happy, sweet, confident, intelligent and with a big heart
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	No
Have you worn braces?	Yes

Questions:

- Why do you want to become a donor?

To help the people realize their dream of heaving a children

- 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, I already donated once and I fell prepared to commit to this process again

- 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 , I am. For me the family doesn't need be a woman with man, or someone who has partner. Everyone can have a child, if wants and have love do share

- If no, please explain:

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

I'm not

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

I'm not

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

I'm not

- Where did you grow up?

Brazil

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

No

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

Not yet

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?
Yes, I don't drink every week, only wine with friends sometimes

- Have you ever been a donor before? If yes, did a pregnancy occur?
Yes. Yes but I don't have information

- Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?
No, nothing

- 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?
I never been pregnant

- 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:

Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	59	1,83cm	honey	brown	university	-	Business man
Mother	F	56	1,77	green	brown	university	-	nurse

Paternal Grandfather	M	89	1,80	brown	brown	High school	Died at 88 for high age	Farmer
Paternal Grandmother	F	79	1,72	honey	brown	High school	-	Housewife
Maternal Grandmother	F	87	1,62	blue	Light brown	High school	-	Housewife
Maternal Grandfather	M	95 at day	1,90	brown	brown	High school	Died at 89 for high age	Farmer
Sibling								
Sibling								
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	No		Yes No		
Mental Retardation	No		Yes No		
Autism / Asperger's	No		Yes No		
Physical Malformation	No		Yes No		
Paralysis or crippling disorders	No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
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		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Schizophrenia	No		Yes No		
Bipolar Disorder	No		Yes No		
ADD or ADHD	No		Yes 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	No		Yes No		









