



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code : CDV011**



<b>Eye Color</b>	<b>Hair Color</b>	<b>Height</b>
<b>Brown</b>	<b>Brown</b>	<b>172 CM/ 65 KG</b>
<b>Ethnicity</b>	<b>Blood Type</b>	<b>Education</b>
<b>Caucasian</b>	<b>O</b>	<b>College Graduate</b>
<b>Donor Location</b>	<b>Willing to Travel Out of State?</b>	<b>Date of Birth</b>
<b>Spain</b>		<b>1999</b>



### **Basic Information**

Date of Birth	<b>12/07/1999</b>
Height	<b>172 cm</b>
Weight	<b>65 kg</b>
Hair Color	<b>brown</b>
Eye Color	<b>brown</b>
Ethnic Origin	<b>caucasian</b>
Maternal Heritage	<b>spanish</b>
Paternal Heritage	<b>venezolan</b>
Dominant hand	<b>Right</b>
Blood Type	<b>0+</b>
Visa	<b>Yes</b>

### **Education and Background**

Highest Level of education	<b>University</b>
College Major	<b>International Trade (ESIC) Bachelor's Degree in Classical Music (Conservatory) Degree in Museology</b>
What was your college GPA?	<b>8</b>
What college(s) or university(ies) have you attended?	<b>International Trade (ESIC) Bachelor's Degree in Classical Music (Conservatory) Degree in Museology</b>
Do you have any artistic abilities? Please List:	<b>Play instruments (double bass and cello), paint, debut, go to museums</b>
Do you have any athletic abilities?	<b>Swimming, yoga and pilates. I like to be active</b>
What is your current occupation?	<b>Business manager</b>
Please describe your personality:	<b>Calm, smiling, I am a person who easily connects with people and makes them love me quickly.</b>
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<b>No</b>
Have you worn braces?	<b>No</b>
What languages do you speak?	<b>Spanish, English</b>

## **Questions:**

- Why do you want to become a donor?

**I like to help others.**

- 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 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?

**Yes**

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

**Yes**

- Where did you grow up?

**I grew up in Venezuela. Now, I live in Spain.**

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

**No.**

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

**Yes, I have 3 sisters. They are all girls who are studying and looking to follow their dreams, two of them are athletes (they are gymnasts) and they are doing very well considering their young age.**

### **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.**
- 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.**
- Have you ever been a donor before? If yes, did a pregnancy occur?  
**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.**
- What contraceptive methods do you use?  
**Condom**



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

<b>Disease/Medical Condition</b>	<b>Check one</b>	<b>To Whom</b>	<b>Passed away?</b>	<b>Age of onset/Medication</b>	<b>Age at the time of passing</b>
<b>Schizophrenia</b>			No		
<b>Bipolar Disorder</b>			No		
<b>ADD or ADHD</b>			No		
<b>Age-related issues</b>			No		
<b>Kidney problems / diseases</b>			No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>			No		
<b>Vision/Sight/Eye Problems</b>			No		























