

Donor Code: AD1358

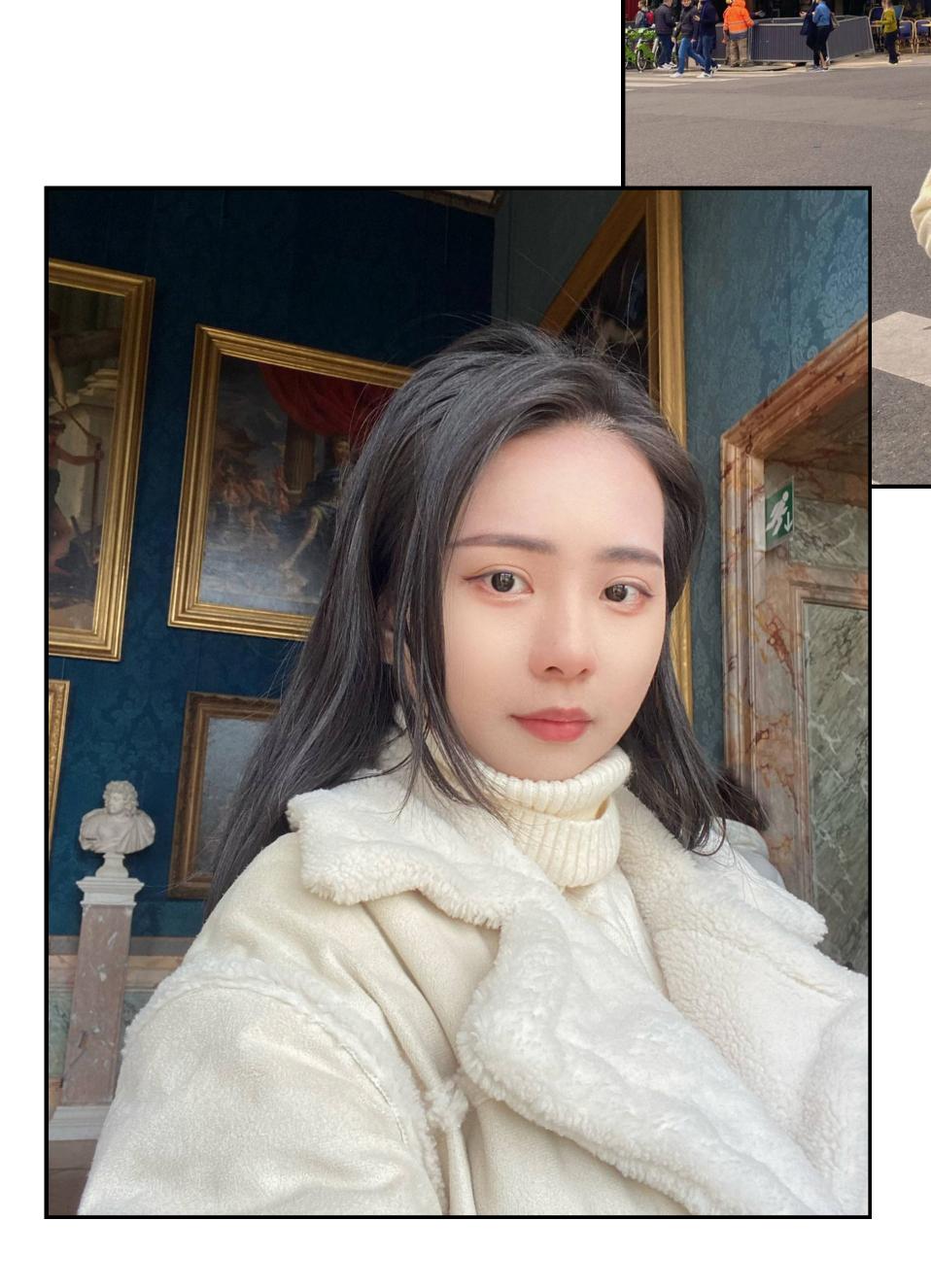


Eye Color	Hair Color	Height		
Black	Black	163 CM/ 56 KG		
Ethnicity	Blood Type	Education		
Asian	AB	University graduate		
Donor Location	Willing to Travel Out of State	? Date of Birth		
Taiwan	NO	2001		













Physical Information

What is your occupation?

Nail Designer

Have you ever done plastic surgery before? Please Describe.

No

Education

The highest level of education completed?

Bachelor

Name of the university you have attended or graduated? what is your GPA

National Taiwan University of Scientist and Technology/ GPA 3.0

What is your major?

Department of Industrial Design

What languages do you speak other than your mother tongue?

Chinese(mother tongue), English

Character/Personality

Describe your character/personality?

I am a passionate and creative person, especially in the fields of painting and design. I enjoy exploring new things and am good at communicating with others. Although I can be a bit of a perfectionist at times, I believe this helps me do things better.

Describe your hobby/interests?

I have a wide range of interests and hobbies. I hold certifications in real estate sales, graphic design, and a Level C beauty license. I am particularly skilled in drawing and graphic design, and have achieved good academic results in school. I possess strong talents in beauty, creativity, and visual arts, often participating in various design projects while continuously improving my skills.

If a message could pass, what would you like to say to the intended parents? I hope you feel endless happiness and joy as you welcome the new life that is about to arrive. May he/she have a healthy and happy life, and I hope my small contribution brings even more beauty to your world.

Reproductive History
Have you ever been pregnant before and how was the outcome NO
Do you have regular monthly menstrual period? If no, please explain YES, last time period 9/7.
Have you ever been pregnant before and how was the outcome NO
What form of birth control are you using? Condom
Medical Information
Have you ever had or do you have any medical problems?
Have you ever had or do you have any psychological problems?
Have you ever had or do you have any serious illnesses or injuries?
Do you consume alcoholic beverages? every once a year.
Do you smoke? NO
Are you Covid-19 vaccinated? yes
Do you do exercise? What kinds of exercise?

Yes

Do you have any tattoo/ any piercing? Yes, both.

Did you do any piercing in this year?

NO

Have you ever done surgeries under any physical conditions?

NO

Donation History

Have you ever donated before?

No

Family History

Relative	Age	Height/ Weight	Race	eye /hair color	Health
Father	54	170/80	Asian	Black/ Black	healthy
Mother	43	160/60	Asian	Black/ Black	healthy
Grandpa			Asian	Black/ Black	deceased
Grandma	70	155/60	Asian	Black/ Black	healthy
Grandma-mother side	70	160/60	Asian	Black/ Black	healthy
Grandpa- mother side	80	170/70	Asian	Black/ Black	healthy