



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CDV004



Eye Color	Hair Color	Height
Green	Light Brown	169 CM/ 59 KG
Ethnicity	Blood Type	Education
Caucassian		University graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Spain		1993

Basic Information

Date of Birth	14/10/1993
Height	59kg
Weight	169 cm
Hair Color	light brown
Eye Color	green
Ethnic Origin	caucasian
Maternal Heritage	italian
Paternal Heritage	italian
Dominant hand	Right
Blood Type	
Visa	Yes

Education and Background

Highest Level of education	University
College Major	Tourism
What was your college GPA?	8
What college(s) or university(ies) have you attended?	University of Amsterdam
Do you have any artistic abilities? Please List:	reading and writing
Do you have any athletic abilities?	going to have a walk in the nature and to the gym
What is your current occupation?	Manager in a restaurant
Please describe your personality:	I consider myself organized, hard-working, creative with a strong but calm character.
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	No
Have you worn braces?	No
What languages do you speak?	Spanish, English, Dutch

Questions:

- Why do you want to become a donor?

To be able to help create a family because I think it is the most important and beautiful thing there is.

- 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, in case you want to know more about me so I can help you in the process.

- 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 was born in Venezuela and I was there until I was 6 years old, then we moved to Holland and we were there for 5 years and finally in Spain, which is where I have lived since I was 12 years old.

- 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:

I have two sisters, I am the middle one. We are very close. I have been together with the youngest for 10 years and with the oldest I have only been together for 18 months.

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?
In special occasions
- 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, every 30 days.
- What contraceptive methods do you use?
Condom

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

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





















