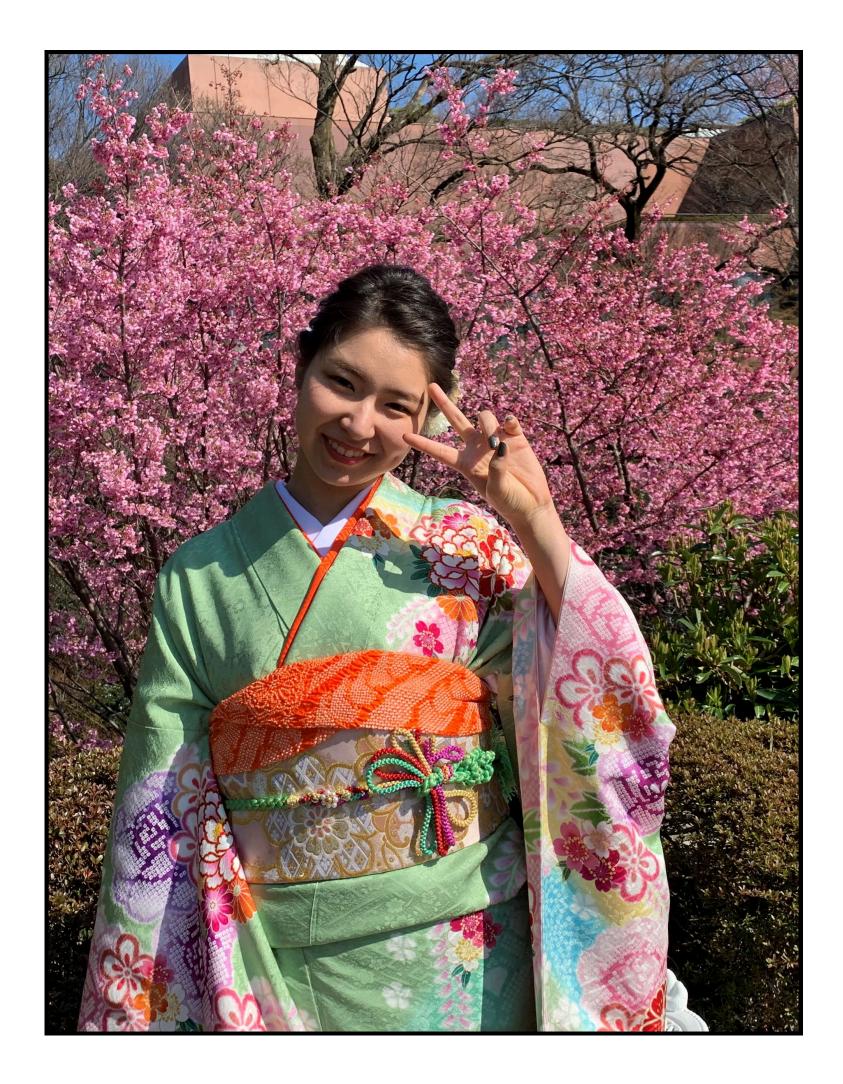


# **ACRC Gametes Donation**

ACRC Global Fertility Holding Group

# **Donor Code: AD1376**

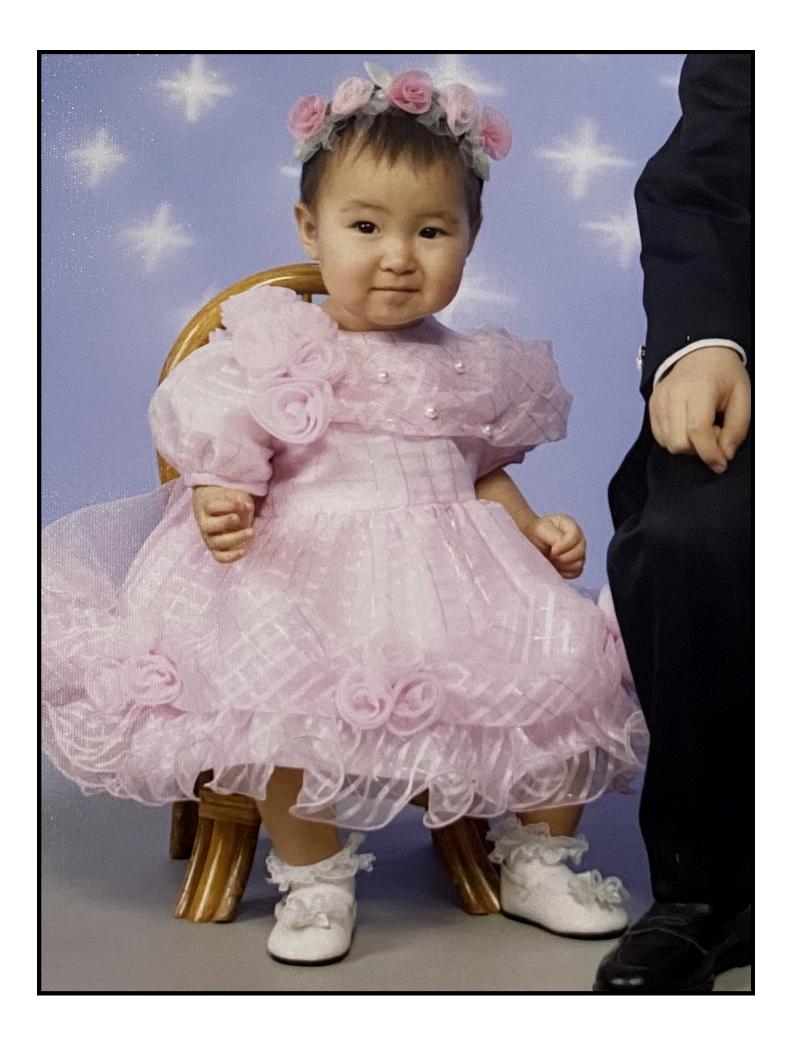


Eye Color	Hair Color	Height
Black	Black	172 cm
Ethnicity	Blood Type	Education
Japanese	AB	Master's Degree
Donor Location	Willing to Travel Out of State	? Date of Birth
Monterey, California		1998-03-07

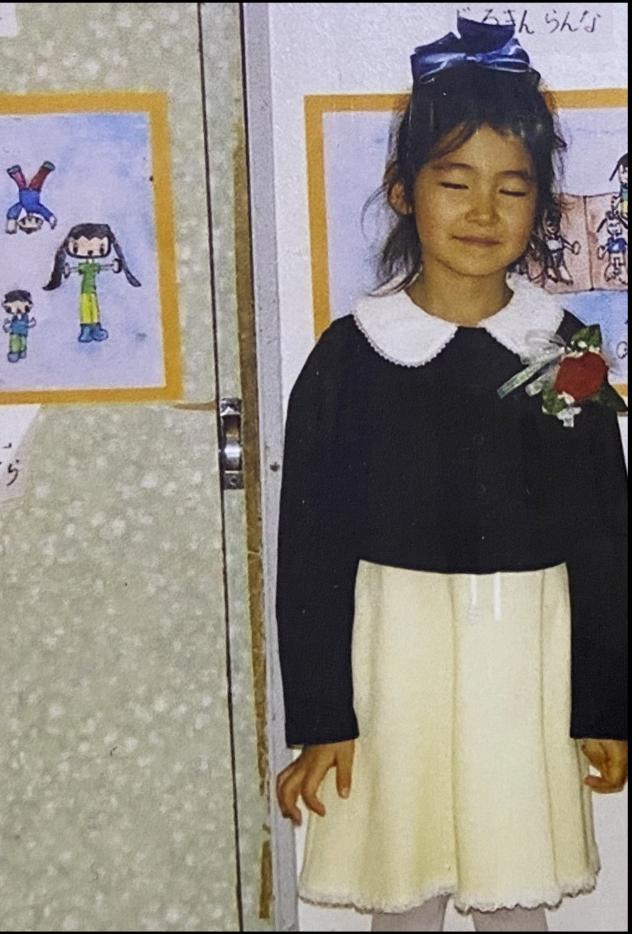
## **Donor Pictures**



## **Donor Pictures**







### **Physical Information**

Do you have tattoo or body piercing? If yes, please indicate the year they done.

Piercing, three years ago

Have you ever done plastic surgery before? Please Describe.

No

What is your occupation?

student, currently studying for my second master's degree

#### Education

The highest level of education completed?

2016.3-2021.3 , Sophia University , Tokyo, Japan , Bachelor of Law

2019.9-2020.6, Peking University, Beijing, China, 1-year Exchange Program

2021.9-2024.3, Shanghai Jiao Tong University, Shanghai, China, Master of Arts in Social Science

2024.9-2026.6, Middlebury Institute of International Study, CA, USA, Master of art in Nonproliferation and Terrorism Studies

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

Sophia University

What language/languages do you speak? Japanese

#### **Character/Personality**

#### Describe your character/personality?

I can be sociable but also enjoy spending time alone. I often joke and liven things up in front of close friends. Regarding work, I don't have much experience yet, so I'm not very confident, but I'm the type to ask others and figure things out if I don't know something.

#### Describe your hobby/interests?

My hobbies are reading and watching movies. I especially enjoy reading foreign literature. I also go camping and hiking with family and friends, but when alone, I tend to focus more on cultural hobbies.

If a message could pass, what would you like to say to the intended parents?

I would be very happy if my eggs can help in any way.

#### **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

What form of birth control are you using?

Condoms

#### **Medical Information**

Have you ever had or do you have any medical problems?

No

Have you ever had or do you have any psychological problems?

No

Have you ever had or do you have any serious illnesses or injuries?

No

Do you consume alcoholic beverages?

Yes, 2-3 times a month

Do you smoke?

No

Do you exercise? And how often? Yes, few times per week

### **Donation History**

Have you ever donated before?

No

If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable

N/A