



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code: AD1376**



**Eye Color**

**Black**

**Hair Color**

**Black**

**Height**

**172 cm**

**Ethnicity**

**Japanese**

**Blood Type**

**AB**

**Education**

**Master's Degree**

**Donor Location**

**Monterey, California**

**Willing to Travel Out of State?**

**Date of Birth**

**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

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Have you ever done plastic surgery before? Please Describe.

No

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What is your occupation?

student, currently studying for my second master's degree

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## 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

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

Sophia University

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What language/languages do you speak?

Japanese

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## 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.

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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.

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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

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Do you have regular monthly menstrual period? If no, please explain

Yes

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What form of birth control are you using?

Condoms

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## Medical Information

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

No

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

No

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

No

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Do you consume alcoholic beverages?

Yes, 2-3 times a month

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Do you smoke?

No

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Do you exercise? And how often?

Yes, few times per week

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## Donation History

Have you ever donated before?

No

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

N/A

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