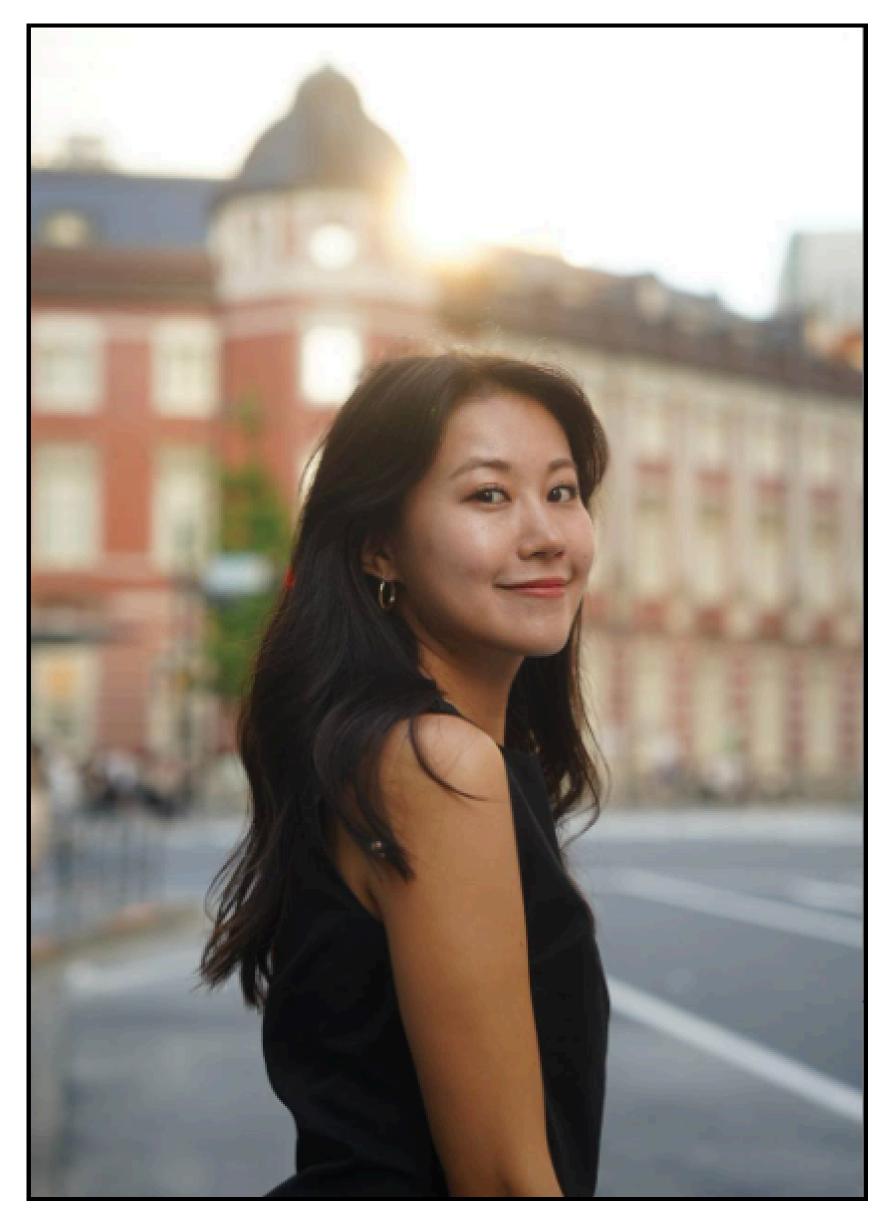
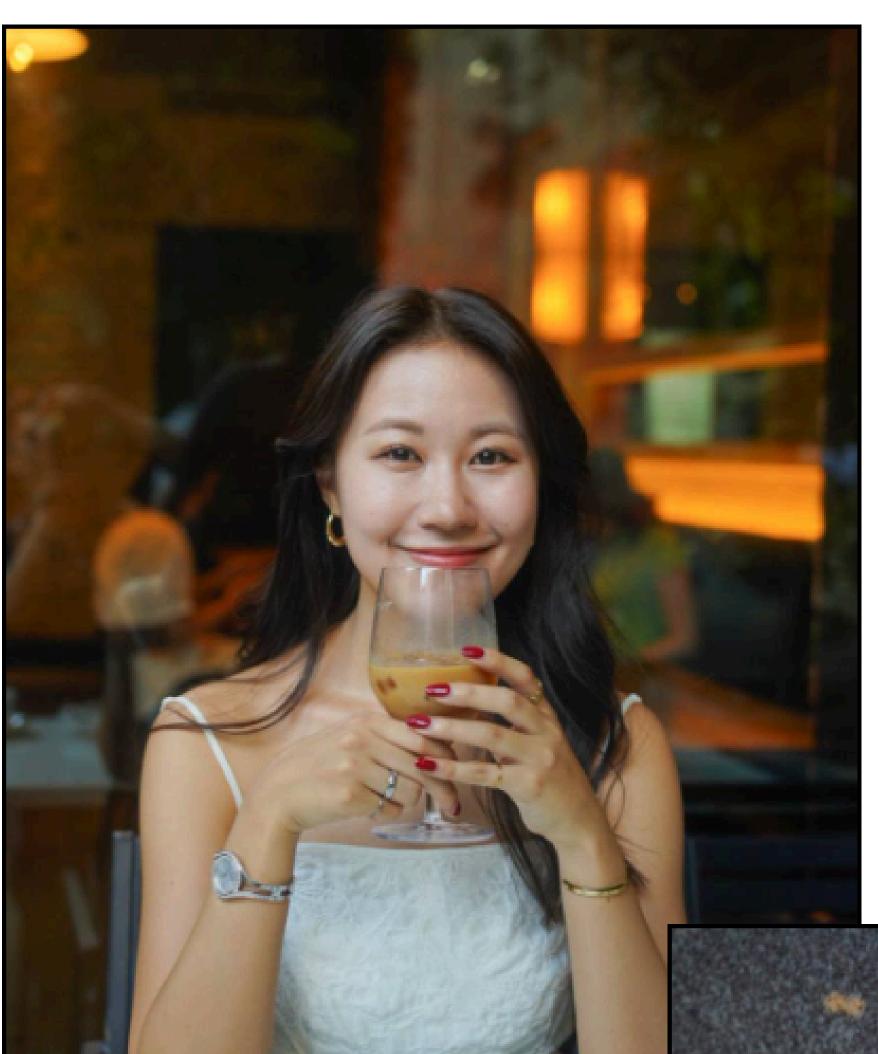


**Donor Code: AD1387** 

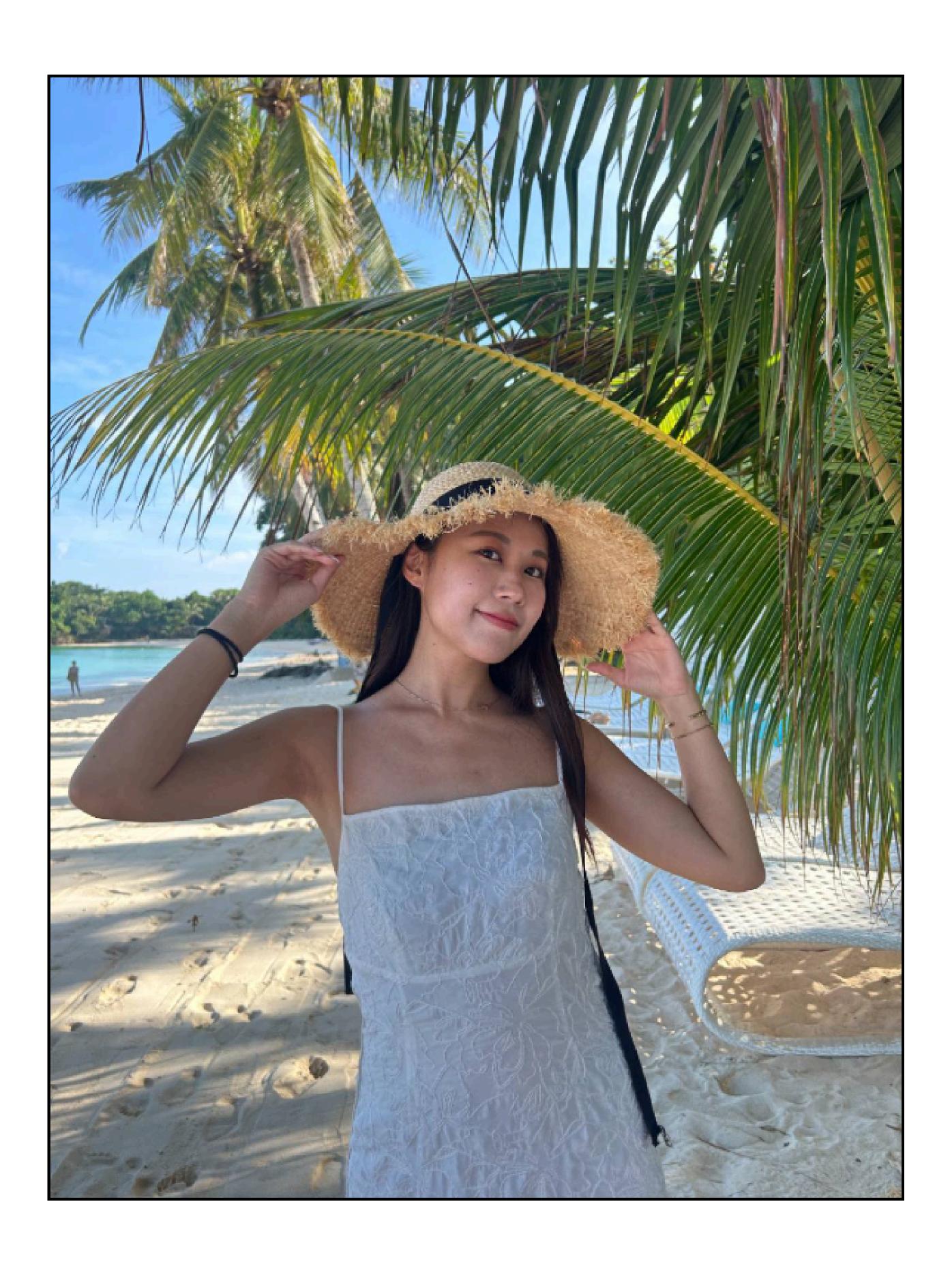


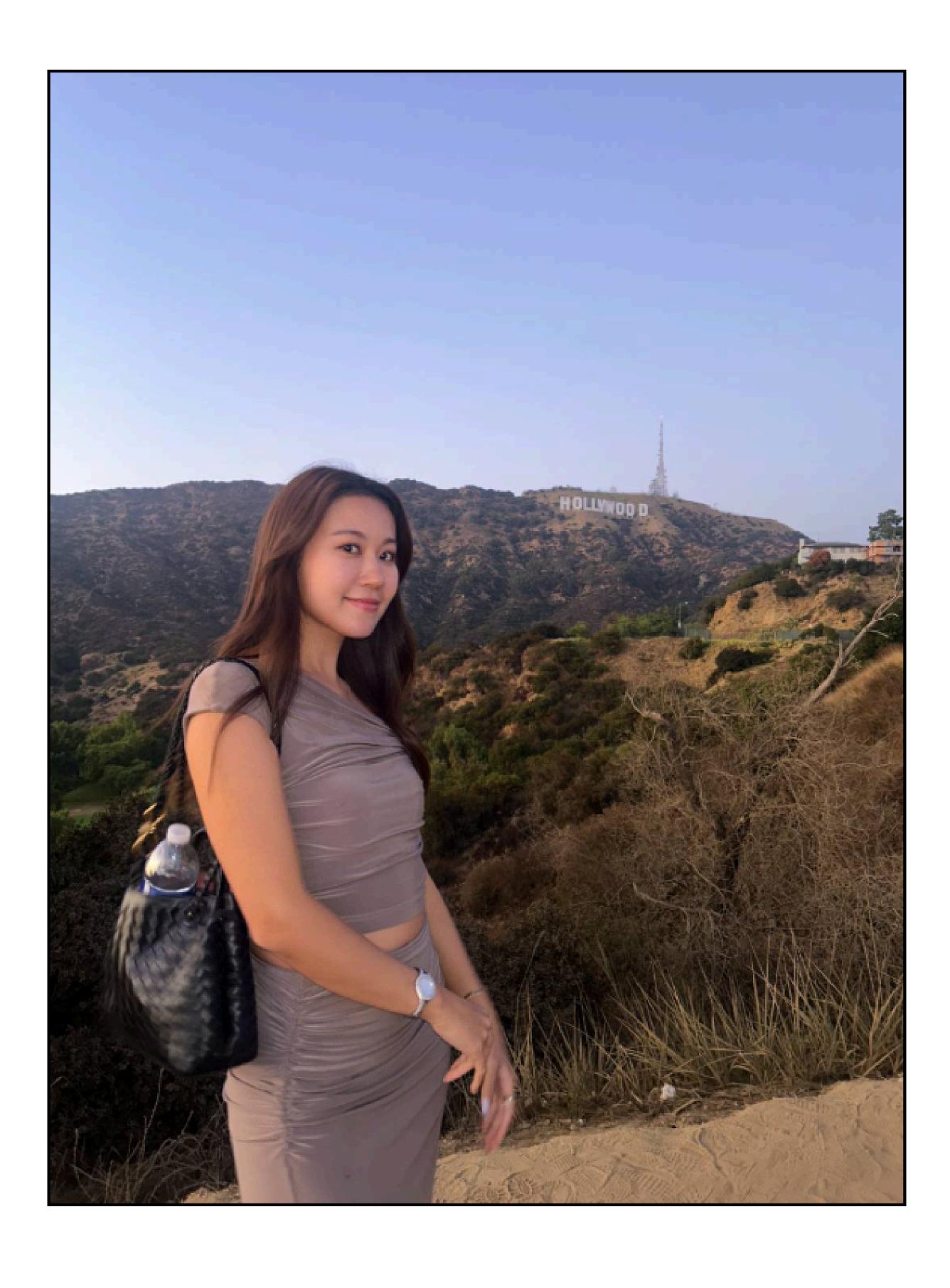
Eye Color	Hair Color	Height	
Brown	Black	165 CM/ 51 KG	
Ethnicity	Blood Type	Education	
Asian	0	University graduate	
Donor Location	Willing to Travel Out of State	Date of Birth	
Japan		1998	













#### **Physical Information**

What is your occupation?

social media marketing

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 kansai gaidai university

What is your major?

English international relationship

What languages do you speak other than your mother tongue?

**English Japanese** 

### Character/Personality

Describe your character/personality?

I'm very positive person. If I have some probrem, I always think best way to overcome. I'm also very friendly.

I make a lot of friends different countries as well.

I'm interested in different culture and countries. I'm very curious person.

What are your hobbies, talents, or if you won any rewards from the past?

My hobby is reading book and traveling. When I found something I didn't know about, I feel so happy to find out.

Please describe your athletic abilities:

I had been learning hiphop dance for 10 years.

3 years for basketball and volleyball

If a message could pass, what would you like to say to the intended parents? Hi. Thank you for choosing and having interested in me.

I hope you are going to have amazing a baby and create great family.

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, Cycle 29 days
Estimated last date of PAP smear 2023-12-30, Normal
What form of birth control are you using? N/A
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?

Have you had any shots or vaccines given in the last 12 months?

Do you or any of your family members have genetic disorders?

Do you consume alcoholic beverages?

Do you do exercise? What kinds of exercise?

Yes, pilates hiphop dance basketball

NO

NO

NO

NO

NO

Do you smoke?

Have you had any tattoo/ any piercing within the past 6 months?

NO

Do you drink coffee? How often (daily or weekly)?

everyday

How is your hearing without a hearing aid?

Have you ever done surgeries under any physical conditions? NO

### **Donation History**

Good

Have you ever donated before?

YES, 1 time. 2024/10/28 New York.

### Family History

Relative	Age	Height/ Weight	Race	eye /hair color	Health
Father	49	188	Asian	Black / Black	healthy
Mother	50	160/60	Asian	Brown/ Brown	healthy
Grandpa	79	187	Asian	Black / Black	healthy
Grandma	77	159	Asian	Black / Brown	healthy
Grandma-mother side	78	157	Asian	Black / Black	healthy
Grandpa- mother side	80	189	Asian	Black / Black	healthy