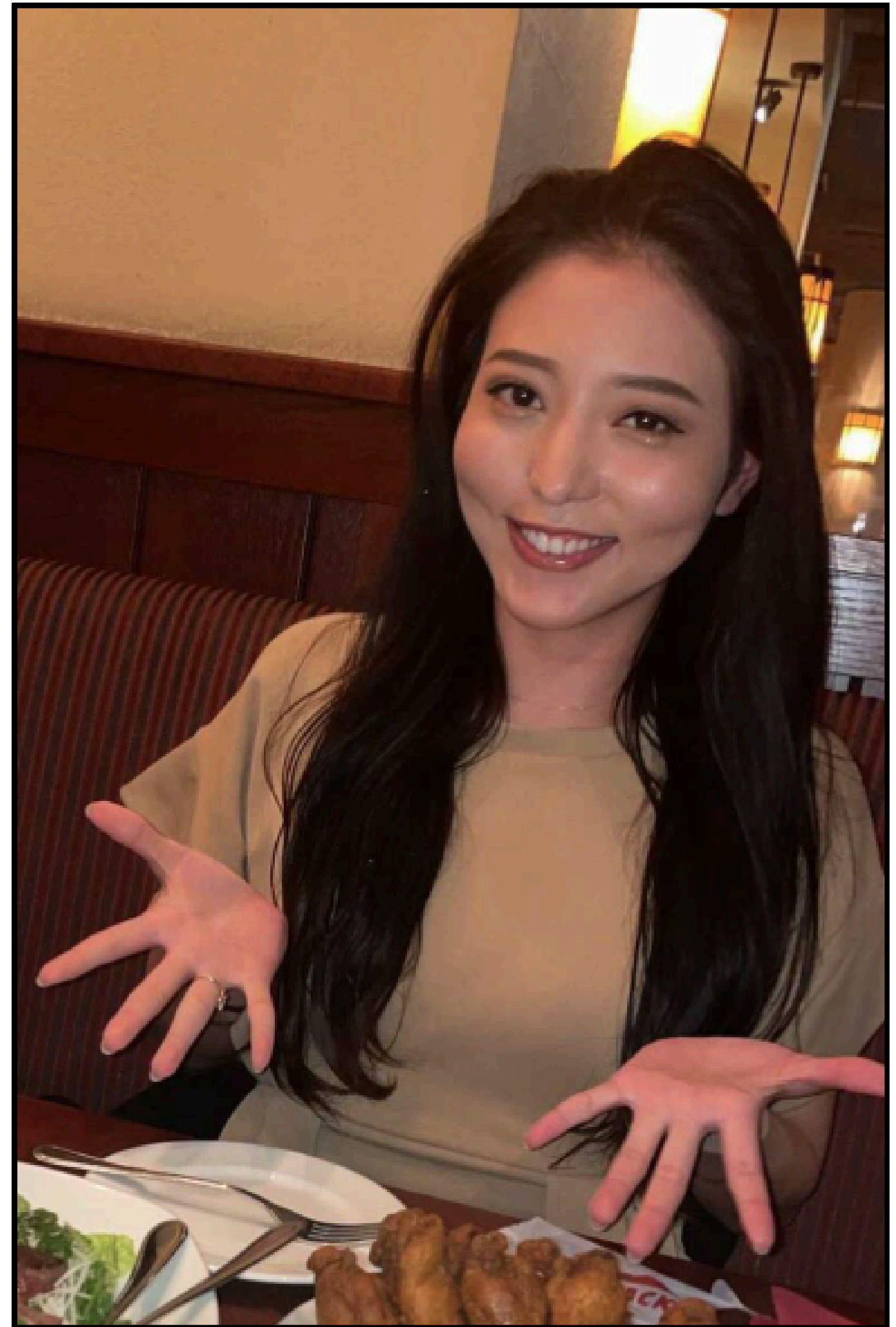




ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : AD1274



Eye Color	Hair Color	Height
Dark Brown	Black	171 CM/ 65 KG
Ethnicity	Blood Type	Education
Asian-Japanese	A	High School
Donor Location	Willing to Travel Out of State?	Date of Birth
Japan		1993



Donor Pictures



Donor Pictures





Donor Pictures

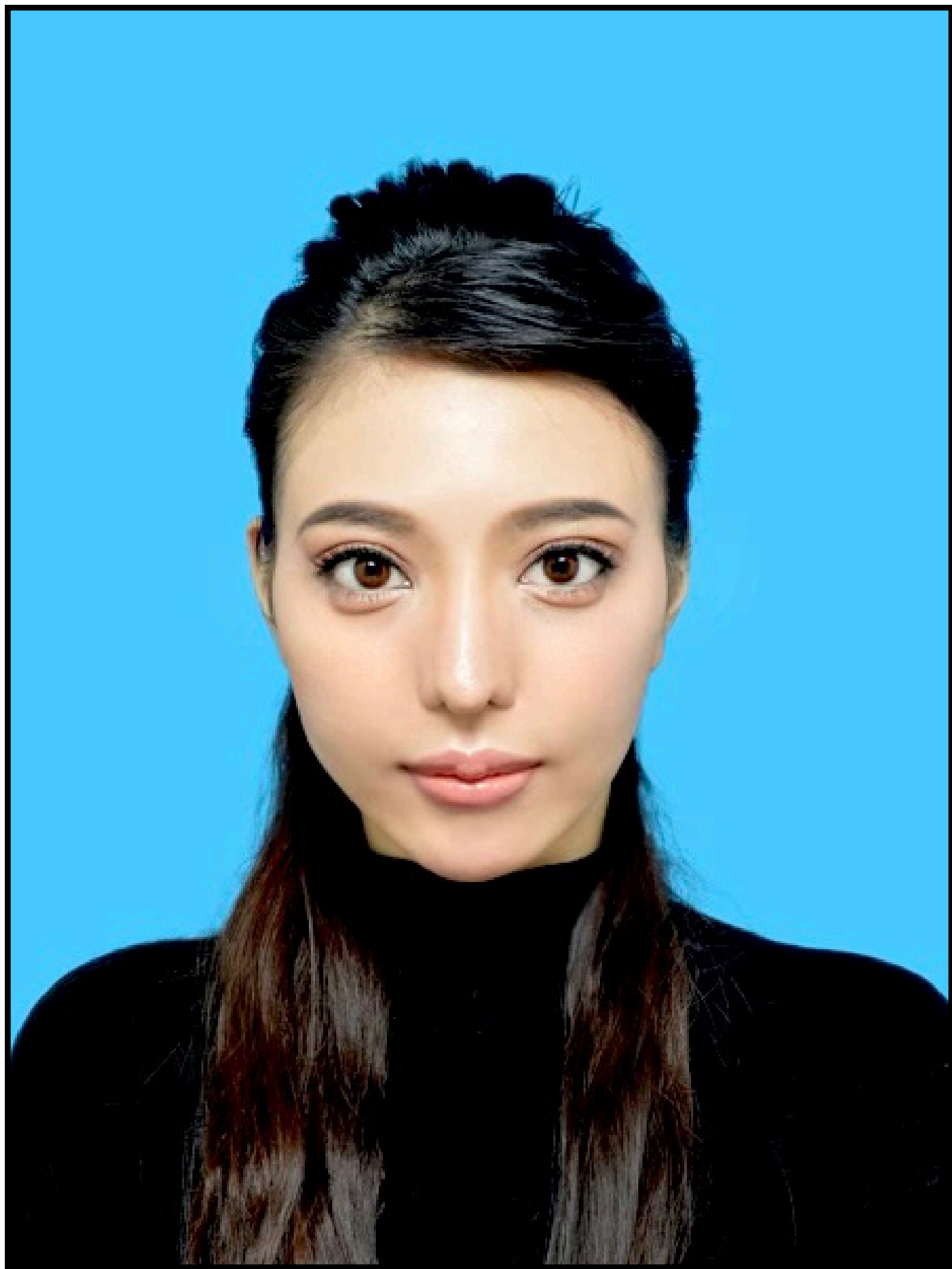


Donor Pictures

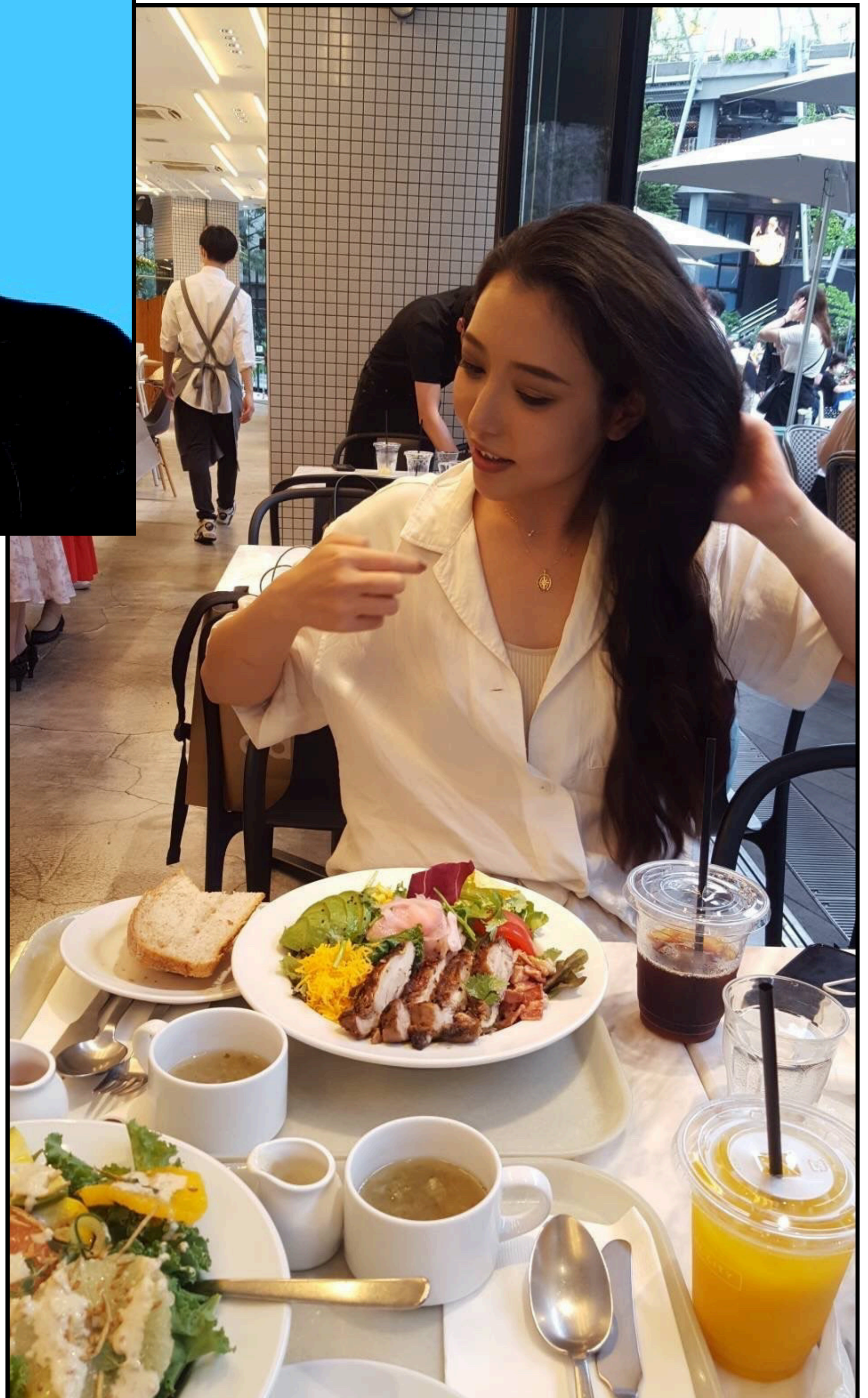


Donor Pictures





Donor Pictures



Donor Pictures



Physical Information

What is your occupation?

Care Worker.

Have you ever done plastic surgery before? Please Describe.

Double eyelid surgery, nostril reduction.

Education

The highest level of education completed?

High School.

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

Surugadai High School.

What is your major?

Art and Design.

What languages do you speak other than your mother tongue?

Japanese(mother tongue)

Character/Personality

What are your hobbies?

Outdoor activities like exercising and traveling, as well as drawing, photography, and creating things.

Describe your athletic abilities:

Average.

How do you spend your free time?

Studying English and watching movies. Socializing with friends regularly.

If you had the opportunity to send a message to the parents, what would it be?

There are people around me with similar struggles, and seeing their silent suffering has affected me deeply. Although this is still not well-understood in Japan, I applied with a strong desire to help those in need. If given the opportunity, I would be willing to actively participate.

Do you exercise? If so, how frequently per week?

1-2 times per week, Mainly yoga and running. Previously certified as a snowboarding instructor.

Describe your personality.

Sociable, often described as dedicated and a good person by others. Proactive in trying new things and personal development.

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 30 days

Have you ever been abortion before and how was the outcome

NO

What form of birth control are you using?

Birth Control Pills.

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 have any chronic medical problems or conditions?

NO

Have you gotten a tattoo/ piercing recently? If yes, when?

NO

Do you drink coffee? If so, how often (per day, per week)?

About once a week

Do you consume alcoholic beverages?

About once a week or less

Do you smoke?

NO

Have you received vaccinations within the past 12 months?

NO

Has your sexual partner had AIDS, syphilis, gonorrhea, hepatitis B, or hepatitis C? If yes, what infections?

No partner, no sexual intercourse

How is your hearing (without a hearing aid)?

normal

Have you ever had a sexually transmitted disease?

YES

Do any of your family members have thinning hair or baldness?

NO

Have you ever done surgeries under any physical conditions?

NO

Have you taken any drugs in the past year?

NO

Have you ever been diagnosed with cancer?

NO

Have you ever had a sexually transmitted disease?

NO

Have you gotten a tattoo / piercings recently? If yes, when?

NO

Have you ever taken anti-malarial medication or had malaria?

NO

Have your parents ever experienced infertility?

NO

Do you have family members who are twins or triplets?

NO

Donation History

Have you ever donated before?

YES.

Family History

Relative	Age	Height/ Weight	Race	Hair/ Eyes Color	Education Level	Health
Father	55	169/70	Asian	Black/ Black	High School	healthy
Mother	52	164/70	Asian	Black/ Dark Brown	High School	healthy
Family Member 1			Asian	Black		Deceased
Family Member 2			Asian	Black		Deceased
Family Member 3			Asian	Black		Deceased
Family Member 4			Asian	Black		Deceased