



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code : CDV003**



Eye Color	Hair Color	Height
Blue	Light Brown	175 CM/ 50 KG
Ethnicity	Blood Type	Education
Venezuelan	B	University graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Alicante, Spain		2000

## **Basic Information**

Date of Birth	<b>01/01/2000</b>
Height	<b>60kg</b>
Weight	<b>175 cm</b>
Hair Color	<b>light brown</b>
Eye Color	<b>blue</b>
Ethnic Origin	<b>latin</b>
Maternal Heritage	<b>venezeluan</b>
Paternal Heritage	<b>venezeluan</b>
Dominant hand	<b>Right</b>
Blood Type	<b>B+</b>
Visa	<b>Yes</b>

## **Education and Background**

Highest Level of education	<b>University</b>
College Major	<b>Tourism and event management</b>
What was your college GPA?	<b>9</b>
What college(s) or university(ies) have you attended?	<b>Juan Landaeta</b>
Do you have any artistic abilities? Please List:	<b>reading and writing</b>
Do you have any athletic abilities?	<b>tennis, going to the beach and to the gym</b>
What is your current occupation?	<b>Logistics</b>
Please describe your personality:	<b>I am a calm, shy and extroverted person in equal parts, very positive, honest and generous.</b>
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<b>No</b>
Have you worn braces?	<b>No</b>
What languages do you speak?	<b>Spanish, English</b>

## Questions:

- Why do you want to become a donor?

**Because in addition to helping, it benefits me financially**

- 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.**

- 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 grew up in Venezuela, and now I live in Alicante, Spain.**

- 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:

**Yes, I have a sister, she is 13 years older than me and she is the best person I have ever met!**

## **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.**

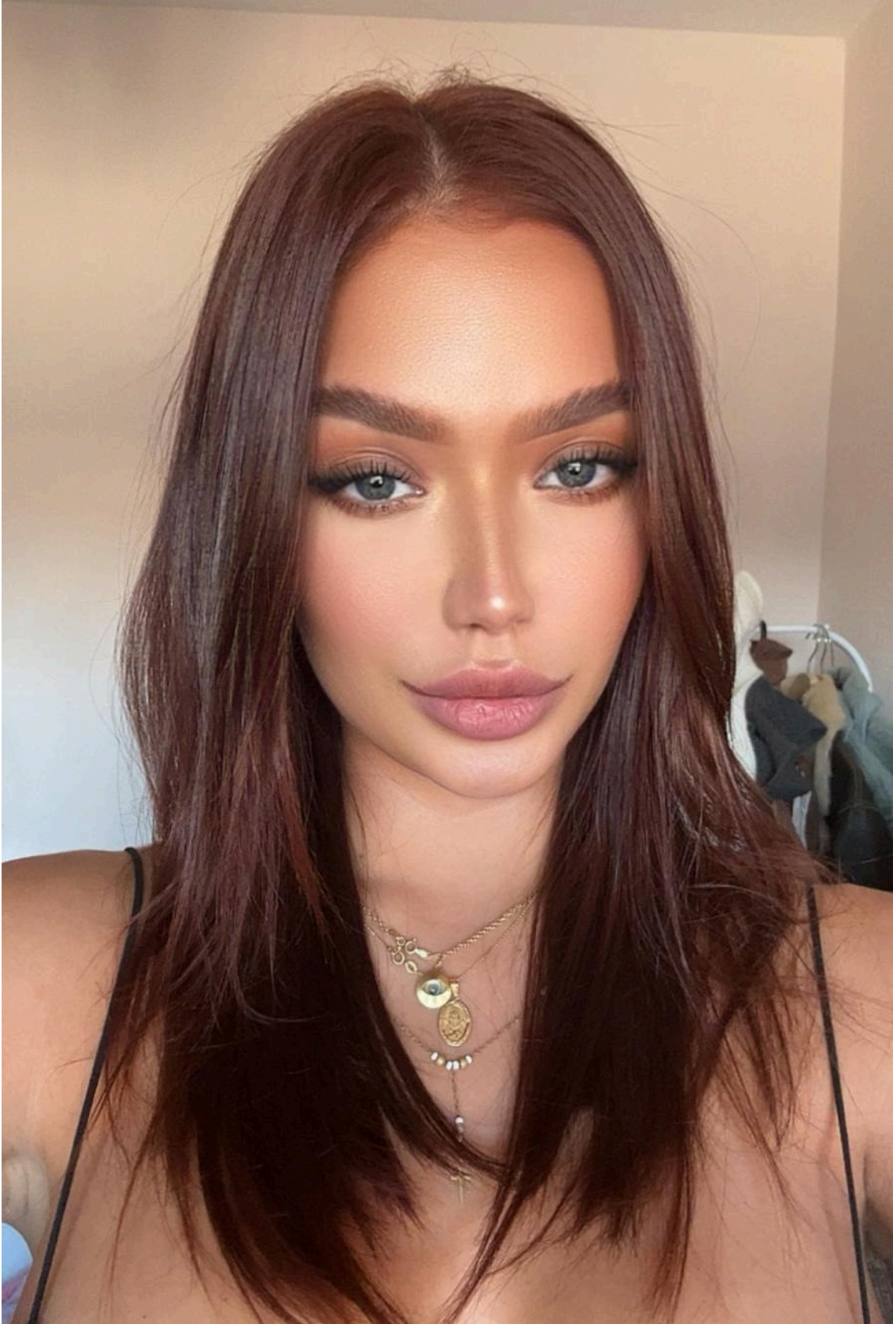
## **Egg Donor Please answer:**

- 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**



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

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















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Presentación













