



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

**Donor Code : CD0003**



Eye Color	Hair Color	Height
Light Brown	Brown	170 CM/ 49 KG
Ethnicity	Blood Type	Education
European		College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Argentina		1997



Donor Questionnaire

**Please choose a pseudonym for your profile:**

## **Basic Information**

Date of Birth	04/30/1997
Height	1.70
Weight	49kg
Hair Color	Light brown
Eye Color	Brown
Ethnic Origin	European
Maternal Heritage	Spanish
Paternal Heritage	Italian
Blood Type	
Visa	Yes

## **Education and Background**

Highest Level of education	University
College Major	Dentistry
What was your college GPA?	8.2
What college(s) or university(ies) have you attended?	Universidad Nacional de Cordoba
Do you have any artistic abilities? Please List:	Piano, paint, music
Do you have any athletic abilities?	Skating in quad skate, dance
What is your current occupation?	Professional Musician
Please describe your personality:	I consider myself a strong, independent woman. Self-confident, empathetic, intelligent. Lover of nature and animals. I love sharing my days with my friends and family.
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	No
Have you worn braces?	No

## Questions:

- Why do you want to become a donor?

Because I am at a point where I have to meet objectives and I need the money and with my current job I am doing well but I need more than what I am doing and I think it is a good way to do it since at the same time I would be helping families fulfill the dream of being parents.

- 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 no, please explain:

- If they request it, are you willing to meet your intended parents?

No

- Are you open to meeting the child in the future if that is requested?

No

- Are you open to exchanging future contact information with your intended Parents(s)?

No

- Where did you grow up?

Cordoba, Argentina

- Do you have any siblings? If so, tell us about each of them:

Yes, I've one brother and one sister. My brother has 24 years old and is a great person, he's lovely, intelligent and my best friend. My sister has 17 years old, she's a strong and independent woman.

- Do you have any children? If so, tell us about each of them:

No



**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?

No

- Have you ever been a donor before? If yes, did a pregnancy occur?

No

- 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

**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



<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		Yes No		
<b>Mental Retardation</b>	No		Yes No		
<b>Autism / Asperger's</b>	No		Yes No		
<b>Physical Malformation</b>	No		Yes No		
<b>Paralysis or crippling disorders</b>	No		Yes No		
<b>Alcohol or Drug Addiction</b>	No		Yes No		
<b>Cystic Fibrosis</b>	No		Yes No		
<b>Sickle Cell Anemia</b>	No		Yes No		
<b>Lupus</b>	No		Yes No		
<b>Miscarriages, still births, neonatal deaths</b>	No		Yes No		
<b>High blood pressure, heart attacks or strokes</b>	No		Yes No		
<b>Memory loss or dementia</b>	No		Yes No		
<b>Osteoporosis</b>	No		Yes No		
<b>Arthritis</b>	No		Yes No		
<b>Allergies</b>	yes	Mother	Yes No		
<b>Blood diseases</b>	No		Yes No		
<b>Diabetes (Specifically Type 1 or Type 2)</b>	No		Yes 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>Thyroid issues</b>	No		Yes No		
<b>Learning disabilities</b>	No		Yes No		
<b>Seizure or epilepsy</b>	No		Yes No		
<b>Depression</b>	No		Yes No		
<b>Panic attacks</b>	No		Yes No		
<b>Schizophrenia</b>	No		Yes No		
<b>Bipolar Disorder</b>	No		Yes No		
<b>ADD or ADHD</b>	No		Yes No		
<b>Age-related issues</b>	No		Yes No		
<b>Kidney problems / diseases</b>	No		Yes No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	No		Yes No		
<b>Vision/Sight/Eye Problems</b>	No		Yes No		









































