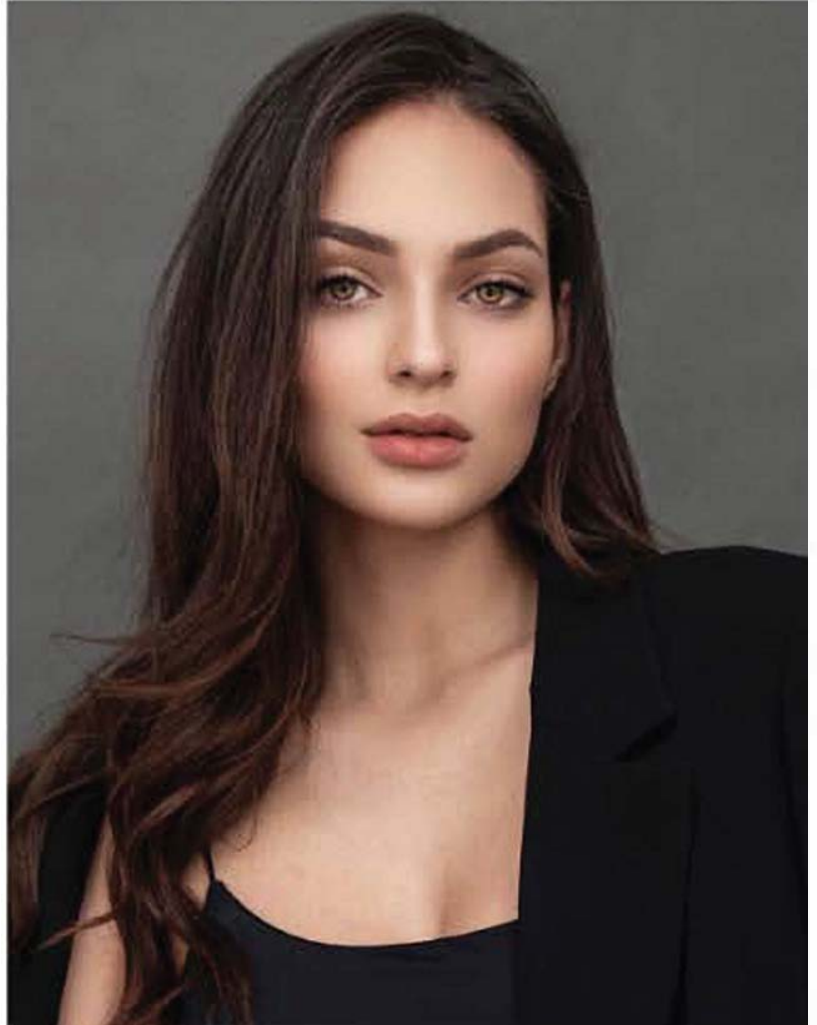




ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CD0004



Eye Color	Hair Color	Height
Green	Brown	177 CM/ 58 KG
Ethnicity	Blood Type	Education
Colombian	O	College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Mexico		1999



Donor Questionnaire

Please choose a pseudonym for your profile:

Basic Information

Date of Birth	<u>August 10 – 1999</u>
Height	<u>1.77</u>
Weight	<u>58 kg</u>
Hair Color	<u>Brown</u>
Eye Color	<u>Green</u>
Ethnic Origin	<u>Colombian</u>
Maternal Heritage	<u>Spanish</u>
Paternal Heritage	<u>Italian</u>
Blood Type	<u>O+</u>
Visa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education and Background

Highest Level of education	<u>University</u>
College Major	<u>Business Administration</u>
What was your college GPA?	<u>B+</u>
What college(s) or university(ies) have you attended?	<u>Universidad Pontifica Bolivariana</u>
Do you have any artistic abilities? Please List:	<u>Modeling, acting</u>
Do you have any athletic abilities?	<u>Climbing, basketball</u>
What is your current occupation?	<u>Model</u>
Please describe your personality:	<u>I am a sensible girl who is always finding the way to reach her dreams. I considerer myself a strong woman, intelligent and very fun</u>
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	<u>No</u>

Have you worn braces?	<u>No</u>
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Questions:

- Why do you want to become a donor?

I think it's such a nice labor to have the opportunity of help others. Giving the chance to people to build families it's a very gratifying feeling.

- 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?

Colombia

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

I've an older sister and a young brother. They both live in Colombia.

She's Financial Manager and he works in a Norwegian company as Senior Developer.

- 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?

One per month or less

- 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

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Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	No		Yes No		
Mental Retardation	No		Yes No		
Autism / Asperger's	No		Yes No		
Physical Malformation	No		Yes No		
Paralysis or crippling disorders	No		Yes No		
Alcohol or Drug Addiction	No		Yes No		
Cystic Fibrosis	No		Yes No		
Sickle Cell Anemia	No		Yes No		
Lupus	No		Yes No		
Miscarriages, still births, neonatal deaths	No		Yes No		
High blood pressure, heart attacks or strokes	No		Yes No		
Memory loss or dementia	No		Yes No		
Osteoporosis	No		Yes No		
Arthritis	No		Yes No		
Allergies	No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Blood diseases	No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes No		
Thyroid issues	No		Yes No		
Learning disabilities	No		Yes No		
Seizure or epilepsy	No		Yes No		
Depression	No		Yes No		
Panic attacks	No		Yes No		
Schizophrenia	No		Yes No		
Bipolar Disorder	No		Yes No		
ADD or ADHD	No		Yes No		
Age-related issues	No		Yes No		
Kidney problems / diseases	No		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes No		
Vision/Sight/Eye Problems	No		Yes No		



























