



Donor Code

ADP015

Eye Color	Hair Color	Height
Brown	Brown (Aubrey Mixture of Brown and Red)	173cm
Ethnicity	Blood Type	Education
Chinese (50%), French Canadian (25%), German (10%), English (15%)	A	Bachelor
Donor Location	Willing to Travel Out of State?	
Taiwan	Yes	

Photos









Physical Informafion

Eye Color

Brown

Natural Hair Color

Brown

Natural Hair Type

Straight

Corrective Dental

No

Vision

Normal

Complexion/Skin Tone

Fair

What is your occupation?

Model

Do you have any musical talents? If any, please list.

Piano, Violin

Do you have any artistic abilities? If any, please list.

Painting

Do you play sports or exercise?

Ballet

How often do you exercise?

2-3 times per day

What type of sports or exercise?

Boxing

Please describe your athletic abilities.

Excellent

Please describe your personality.

Outgoing and cheerful when I was a kid. When I grow up, I become more optimistic and rational.

Please describe your hobbies.
Travelling, architecture and design appreciation.

Education Information

Highest level of education completed.
Bachelor in Applied Foreign Languages.

Do you have any college background?
Applied Foreign Languages. (French, Germany and Japanese)

College Details

Dates Attended	Institution	Location	Degrees/Majors
2014	Shih Chien University	Taiwan	Applied Foreign Languages

Reproductive Information

Have you ever been pregnant
NO

Number of Children, if any

Current method of birth control
Condom

How often do you get your menstrual period
30 days, 5-6 days long

Have you ever had an abortion, miscarriage, or ectopic pregnancy?
No

Estimated last date of PAP smear, normal or abnormal?
2022, Normal

Personal Health and Medical Information

Overall health condition

Date of your last pap smear. (If none put N/A)

2022

What were the results of your last pap smear?

Normal

Are you adopted? No

If so, do you have your biological parents' information? No

Do you have or have you ever had a serious health problem? No

Are you currently treating any diseases? If so, please list. No

Are you currently treating any diseases? If so, please list. No

Have you ever had any surgery (medical, dental or plastic/cosmetic)? No

If yes, please list the surgery procedure and year.

Have you taken any medications within the past 12 months? No

Have you ever been diagnosed with cancer? No

Do you have any birth defects? No

Have you ever had any STI/STDs? No

Have you ever had syphilis or gonorrhea? No

Have you ever had hepatitis B or C? No

Have you ever had a blood transfusion? No

Have you ever been rejected for a blood transfusion? No

Have you ever had serious mental health issues? No

Do you have any allergies? No

Do you drink coffee? How often (daily or weekly)? No

Do you drink alcohol? How often (daily or weekly)? No

Do you smoke, vape, or use marijuana? How often (daily or weekly)? No

Have you had a tattoo within the past 6 months? No

Have you had a piercing within the past 6 months? No

How is your hearing without a hearing aid? No

Have you ever had any complications with anesthesia? No

Have you had any shots or vaccines given in the last 12 months? No

Have you ever taken anti-malarial drugs or had malaria? No

Family History

Have you or your immediate family suffered from infertility? No

Does your family have twins or triplets? No

Have any of your family members ever had a serious illness? No

Have any of your family members ever had a serious mental illness? No

Do you or any of your family members have genetic disorders ? No

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status 59 years old, health

Height 163cm

Weight kg

Hair Color Dark brown

Eye Color Brown

Education & Occupation

Please tell us some basic details about your biological father.

Age and Health Status 58 years old, healthy

Height 178cm

Weight kg

Hair Color Dark Brown

Eye Color Brown

Education & Occupation

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	80 years old Healthy	82 years old Healthy	81 years old Healthy	80 years old Healthy
Height	165cm	178cm	165cm	180cm
Weight				
Hair Color	Dark brown	Dark brown	Dark brown	Dark brown
Eye Color	Brown	Brown	Brown	Brown

Egg Donation History

Why do you want to become an egg donor?

Need the money to complete the master education.

If you could send a message to the Intended Parents. What would you say?

Hope you can have a healthy baby.

What kind of contract do you want to sign with your prospective parents?

Have you donated eggs in the past? No.

First donation

Date of Donation

Name of the clinic

Number of eggs retrieved.

Number of embryos that passed PGS testing.

Pregnancy outcomes (if known and applicable).

Second donation

Date of Donation

Name of the clinic

Number of eggs retrieved.

Number of embryos that passed PGS testing.

Pregnancy outcomes (if known and applicable).
