



ACRC Gametes Donation

ACRC Global Fertility Holding Group

Donor Code : CDV009



Eye Color	Hair Color	Height
Brown	Brown	171 CM/ 50 KG
Ethnicity	Blood Type	Education
Caucasian		College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Spain		1998



Basic Information

Date of Birth	<u>03-03-1998</u>
Height	<u>1,71</u>
Weight	<u>50kg</u>
Hair Color	<u>Brown</u>
Eye Color	<u>Brown</u>
Ethnic Origin	<u>Spain</u>
Maternal Heritage	<u>Spain</u>
Paternal Heritage	<u>Spain</u>
Blood Type	
Visa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education and Background

Highest Level of education	<u>University studies and pursuing a Master</u>
College Major	<u>Advertising and public relation</u>
What was your college GPA?	8,5/10
What college(s) or university(ies) have you attended?	<u>UMU-Universidad de Murcia</u>
Do you have any artistic abilities? Please List:	<u>I'm a very creative person, now I am studying music</u>
Do you have any athletic abilities?	<u>Until a few years ago, i was a profesional and federated swimmer from my region</u>
What is your current occupation?	<u>Right now i'm self-employed, i have my own business</u>

Please describe your personality:	<u>I am an extroverted, hard-working, Athletic and ambitious person.</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>

Questions:

Why do you want to become a donor?

Because my best friend has been a woman who has needed eggs from another woman and I would like to be a donor so I can help other future mothers.

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?

Of course

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?

No

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

Yes

Where did you grow up?

I grew up in Murcia, Spain

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

I only have one little brother, five years younger. He is blonde, with honey-colored eyes like my mother and very outgoing too.

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:

I have not suffered medical or mental problems.

Do you drink alcohol? If yes, how many drinks per week?

I only drink beer when I go out with friends on the weekends, I don't drink distilled alcohol

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

I haven't.

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, never

- Are your menstrual cycles regular?
Yes

Family Medical History

Biological Family Member	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	51	1,85	Brown	Brown	Basic studies	No	Self-employed, construction worker
Mother	56	1,65	Honey	Blonde	Without studies	No	Teacher
Paternal Grandmother	82	1,67	Brown	light brown	No	No	Retired
Paternal Grandfather	83	1,83	Brown	White (in the past Brown)	No	Yes	X
Maternal Grandmother	92	1,58	Honey	Dark blonde	No	Yes	X
Maternal Grandfather	93	1,67	Green	Blonde	No	Yes	X
Sibling	21	1,75	Honey	Blond	Studying photography	No	Student and working

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
Cancer	No		Yes	No	No	No
Mental Retardation	No		Yes	No	No	No
Autism / Asperger's	No		Yes	No	No	No
Physical Malformation	No		Yes	No	No	No
Paralysis or crippling disorders	No		Yes	No	No	No
Alcohol or Drug Addiction	No		Yes	No	No	No
Cystic Fibrosis	No		Yes	No	No	No
Sickle Cell Anemia	No		Yes	No	No	No

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

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
			Yes	No		
Lupus	No	No	Yes	No	No	No
Miscarriages, still births, neonatal deaths	No	No	Yes	No	No	No
High blood pressure, heart attacks or strokes	No	No	<u>Yes</u>	No	No	No
Memory loss or dementia	No	No	Yes	No	No	No
Osteoporosis	No	No	Yes	No	No	No
Arthritis	No	No	Yes	No	No	No
Allergies	No	No	Yes	No	No	No
Blood diseases	No	No	Yes	No	No	No
Diabetes (Specifically Type 1 or Type 2)	No	No	Yes	No	No	No
Thyroid issues	No	No	Yes	No	No	No
Learning disabilities	No	No	Yes	No	No	No
Seizure or epilepsy	No	No	Yes	No	No	No
Depression	No	No	Yes	No	No	No
Panic attacks	No	No	Yes	No	No	No
Schizophrenia	No	No	Yes	No	No	No
Bipolar Disorder	No	No	Yes	No	No	No
ADD or ADHD	No	No	Yes	No	No	No













