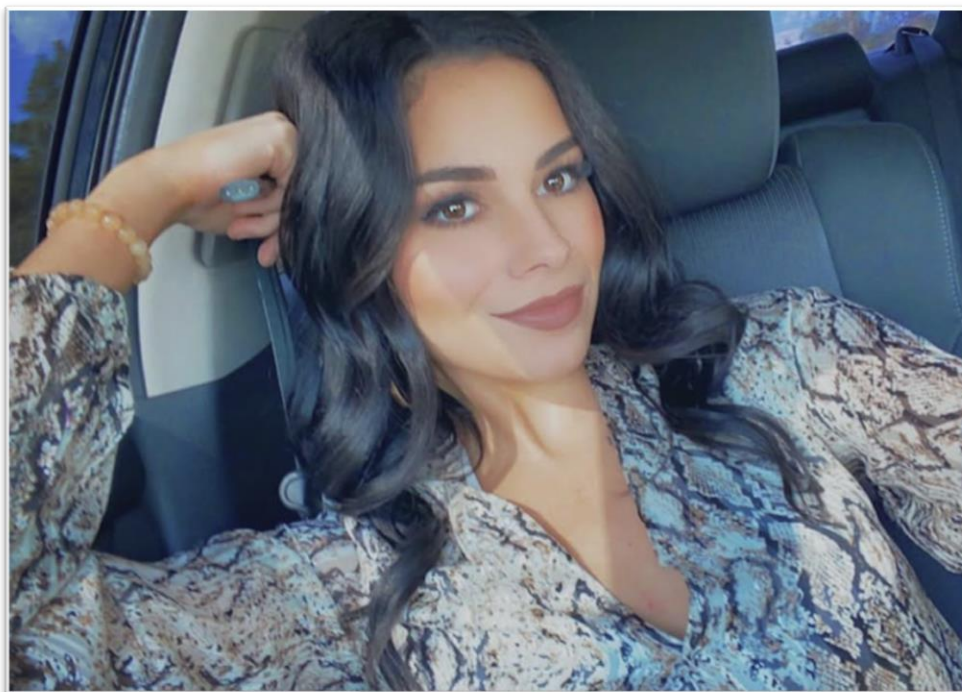




**ACRC Gametes Donation**

ACRC Global Fertility Holding Group



**CD1388**

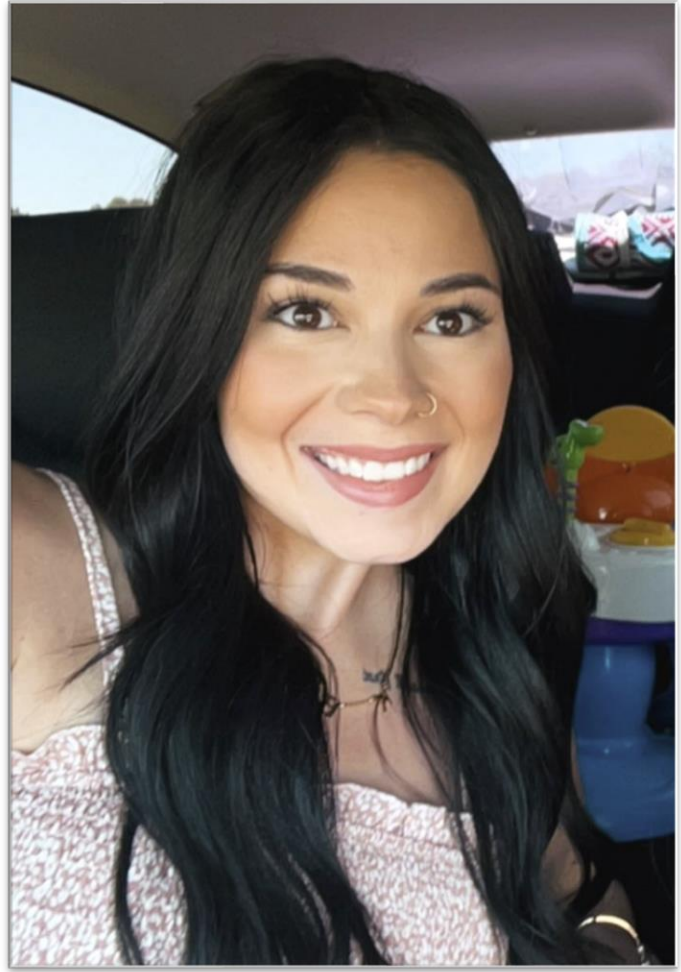
<b>Eye Color</b>	<b>Hair Color</b>	<b>Height</b>
<b>Brown</b>	<b>Black</b>	<b>162cm</b>
<b>Ethnicity</b>	<b>Blood Type</b>	<b>Education</b>
<b>Caucasian</b>	<b>B</b>	<b>College Student</b>
<b>Donor Location</b>	<b>Willing to Travel Out of State?</b>	
<b>USA, Louisiana</b>	<b>Yes</b>	

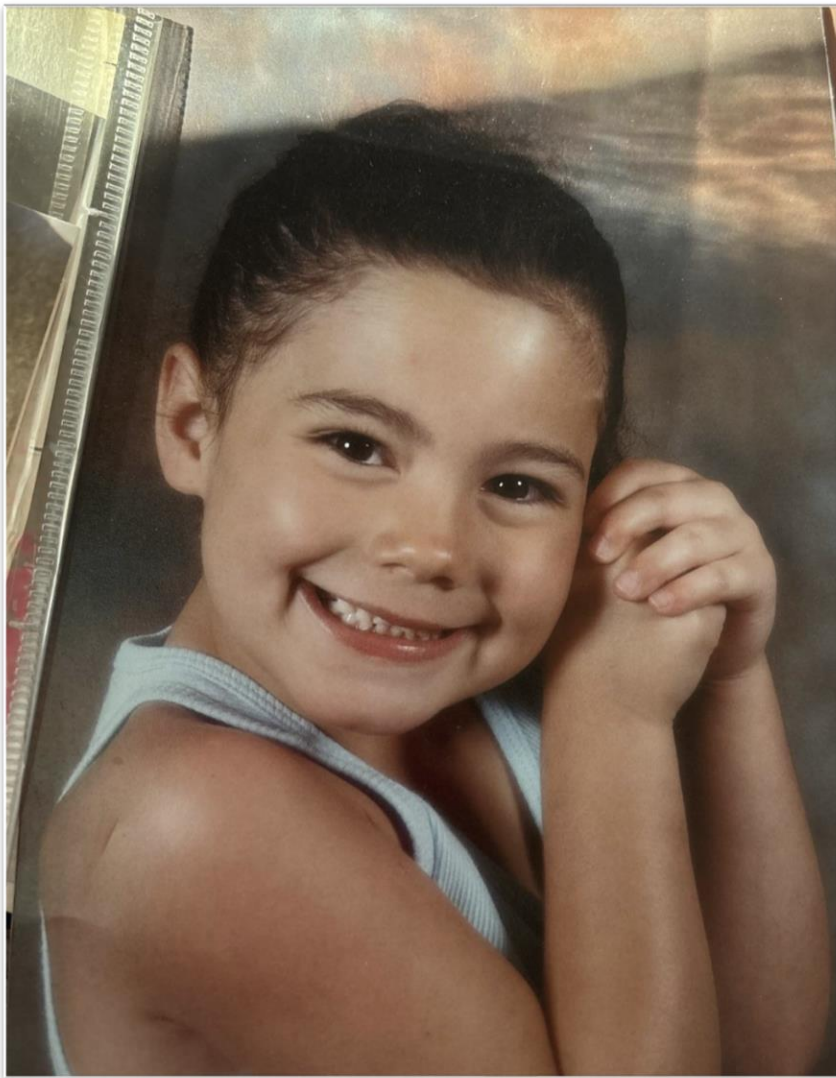












## Physical Information

**Eye Color**

Brown

**Natural Hair Color**

Black

**Natural Hair Type**

Thick/Wavy – Many Complements on my hair.

**Corrective Dental**

No

**Vision**

Excellent

**Complexion/Skin Tone**

Fair/Medium

**What is your occupation?**

Nursing Student

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

No

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

No

**Do you play sports or exercise?**

Gym and running

**How often do you exercise?**

3 days per week

**Please describe your athletic abilities.**

I love going for runs and going to the gym to work out. Staying fit and healthy. In highschool I played softball and was a cheerleader.

**Please describe your personality.**

I am a very outgoing person that loves adventures. I am a very caring person that loves to take on different challenges. When working with others I am a great team player. I enjoy helping others and very driven to succeed.

**Please describe your hobbies.**

In my spare time I love going to the gym, spending time with my family, friends, & child. Some hobbies of mine include shopping, decorating, and cooking.

## Education

College Student, earning BA in nursing

**Do you have any college background?**

Yes – Louisiana State University – Nursing Program 3.8 GPA

## Reproductive Information

**Have you ever been pregnant?**

Yes

**Number of Children, if any.**

One

**Current method of birth control.**

IUD – Non Hormonal

**How often do you get your menstrual period?**

Monthly

**Have you ever had an abortion, miscarriage, or ectopic pregnancy?**

No

**Estimated last date of PAP smear, normal or abnormal?**

2024-01-02 – Normal

## Personal Health and Medical Information

**Overall health condition**

Excellent

**Are you adopted?**

No

**If so, do you have your biological parents' information?**

Yes

**Do you have or have you ever had a serious health problem?**

No

**Are you currently treating any diseases? If so, please list.**

No

**Have you ever had any surgery (medical, dental or plas cosmetic)?**

Yes, Wisdom teeth removal 2017

**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 syphilis or gonorrhea?**

No

**Have you ever had hepatitis B or C?**

No



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**Have you ever had a blood transfusion?**

No

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**Have you ever been rejected for a blood transfusion?**

No

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**Have you ever had serious mental health issues?**

No

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**Do you have any allergies?**

No

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**Do you drink coffee? How often (daily or weekly)?**

No

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**Do you drink alcohol? How often (daily or weekly)?**

1-2 Per month

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**Do you smoke, vape, or use marijuana? How often (daily or weekly)?**

No

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**Have you had a tattoo within the past 6 months?**

No

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**Have you had a piercing within the past 6 months?**

No

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**How is your hearing without a hearing aid?**

Good

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**Have you ever had any complications with anesthesia?**

No

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**Have you had any shots or vaccines given in the last 12 months?**

No

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**Have you ever taken anti-malarial drugs or had malaria?**

No

## Family History

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**Have you or your immediate family suffered from infertility?**

No

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**Does your family have twins or triplets?**

No

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**Have any of your family members ever had a serious illness?**

No

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**Have any of your family members ever had a serious mental illness?**

No

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**Do you or any of your family members have genetic disorders?**

No

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## Family Information

Please tell us some basic details about your biological mother.

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**Age and Health Status**

Decease – Accident

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**Height**

164cm

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**Weight**

120 lbs

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**Hair Color**

Brown

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**Eye Color**

Brown

---

**Education & Occupation**

N/a

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Please tell us some basic details about your biological father

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**Age and Health Status**

45

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**Height**

188cm

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**Weight**

170

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**Hair Color**

Black

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**Eye Color**

Brown

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**Education & Occupation**

Trade

Lineman

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**Please tell us some basic details about your biological grandparents**

	<b>Maternal Grandmother</b>	<b>Maternal Grandfather</b>	<b>Paternal Grandmother</b>	<b>Paternal Grandfather</b>
<b>Age and Health Status</b>	<b>69</b>	<b>70</b>	<b>72</b>	<b>75</b>
<b>Height</b>	<b>166cm</b>	<b>180cm</b>	<b>168cm</b>	<b>182cm</b>
<b>Weight</b>	<b>130lbs</b>	<b>170lbs</b>	<b>120lbs</b>	<b>160lbs</b>
<b>Hair Color</b>	<b>Brown</b>	<b>Brown</b>	<b>Black</b>	<b>Black</b>
<b>Eye Color</b>	<b>Brown</b>	<b>Brown</b>	<b>Brown</b>	<b>Brown</b>

## Egg Donation History

**Why do you want to become an egg donor?**

To help create special families for people. So these people can experience the love of a child for themselves. I have a desire to help other and has seen women who have infertility issues; it makes me want to help more.

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

I am truly honored to be able to help you on your journey into parenthood and wish you all the best in creating your special family!

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

Anonymous

**Have you donated eggs in the past?**

No

**Please list the date**

N/a

**Name of the clinic**

N/a

**Number of eggs retrieved.**

N/a

**Number of embryos that passed PGS testing.**

N/a

**Pregnancy outcomes (if known and applicable).**

N/a

**First donation**

N/a