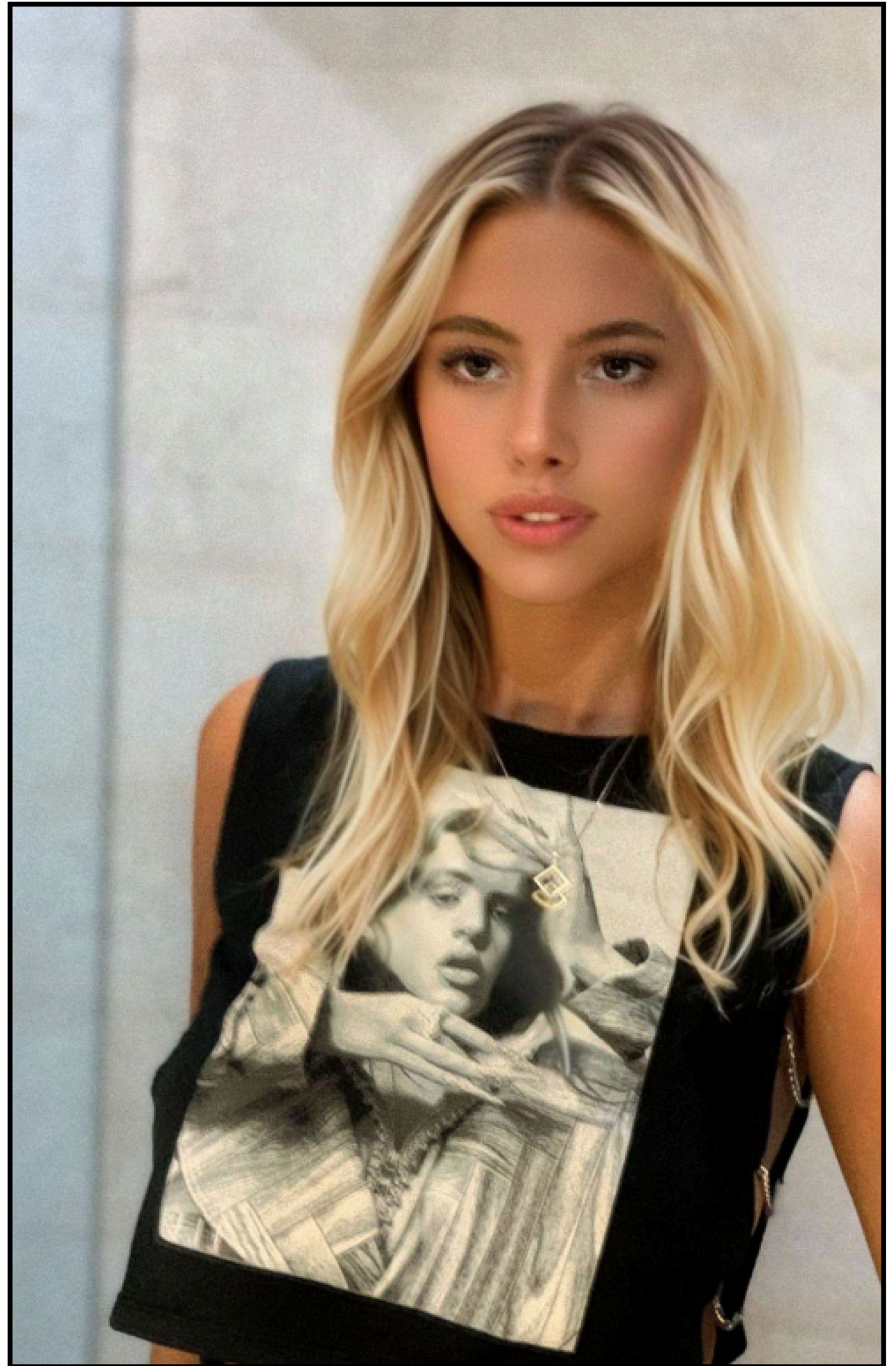


ACRC Gametes Donation

ACRC Global Fertility Holding Group



Donor Code: CD1362

Eye Color

Brown

Hair Color

Blonde

Height

171 cm

Ethnicity

Argentinian

Blood Type

A+

Education

University

Donor Location

Spain

Willing to Travel Out of State?

Date of Birth

04/14/2000

Basic Information

Date of Birth 04/14/2000
Height 1.71m
Weight 59 kg
Hair Color Blonde
Eye Color Brown
Ethnic Origin Argentinian
Maternal Heritage German
Paternal Heritage Spanish
Blood Type A+
Visa Yes No

Education and Background

Highest Level of education Studying university
College Major
What was your college GPA? 8.9
What college(s) or university(ies) have you attended? Universidad de Barcelona
Do you have any artistic abilities? Please List: Sing and draw
Do you have any athletic abilities? Gym, volleyball and tennis
What is your current occupation? Student
Please describe your personality: I considerer myself a smart woman, who is always trying to learn something new. I love spend my time with my family, read a book. I've a lot of friends. I love travel. I always smiling.
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?
For help who has a dream to become 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?

Madrid

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

no

- 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?

<u>Disease/Medical Condition</u>	<u>Check one</u>	<u>To Whom</u>	<u>Passed away?</u>	<u>Age of onset/Medication</u>	<u>Age at the time of passing</u>
<u>Cancer</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Mental Retardation</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Autism / Asperger's</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Physical Malformation</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Paralysis or crippling disorders</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Alcohol or Drug Addiction</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Cystic Fibrosis</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Sickle Cell Anemia</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Lupus</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Miscarriages, still births, neonatal deaths</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>High blood pressure, heart attacks or strokes</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Memory loss or dementia</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Osteoporosis</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Arthritis</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Allergies</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Blood diseases</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Diabetes (Specifically Type 1 or Type 2)</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Thyroid issues</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Learning disabilities</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Seizure or epilepsy</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Depression</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Panic attacks</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Schizophrenia</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Bipolar Disorder</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>ADD or ADHD</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Age-related issues</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Kidney problems / diseases</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</u>	<u>No</u>		<u>Yes</u> <u>No</u>		
<u>Vision/Sight/Eye Problems</u>	<u>No</u>		<u>Yes</u> <u>No</u>		





























