

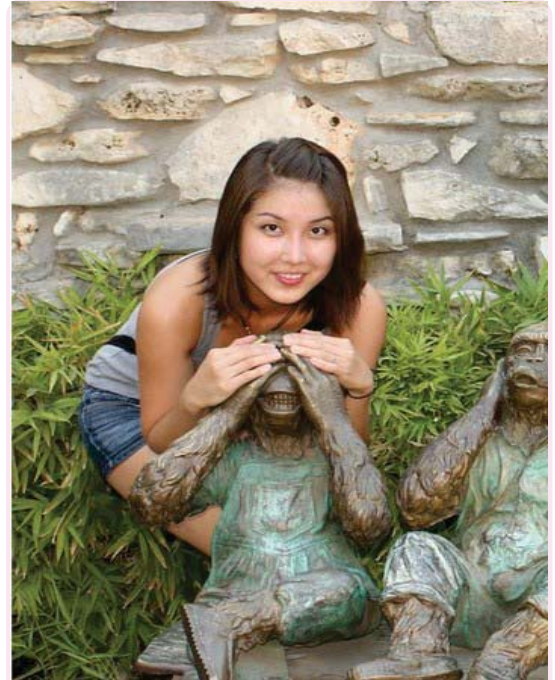


制作
 2014.03.31
 L_Jie

Messege to the Potential Couple

YD-693-DS-462

所在国家	美国
籍贯	美国
出生或年龄	25岁
身高	5'03(英文单位i)
体重	105LBS
血型	未知
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	是



Donor Candidate

联系方式: 400-887-1005

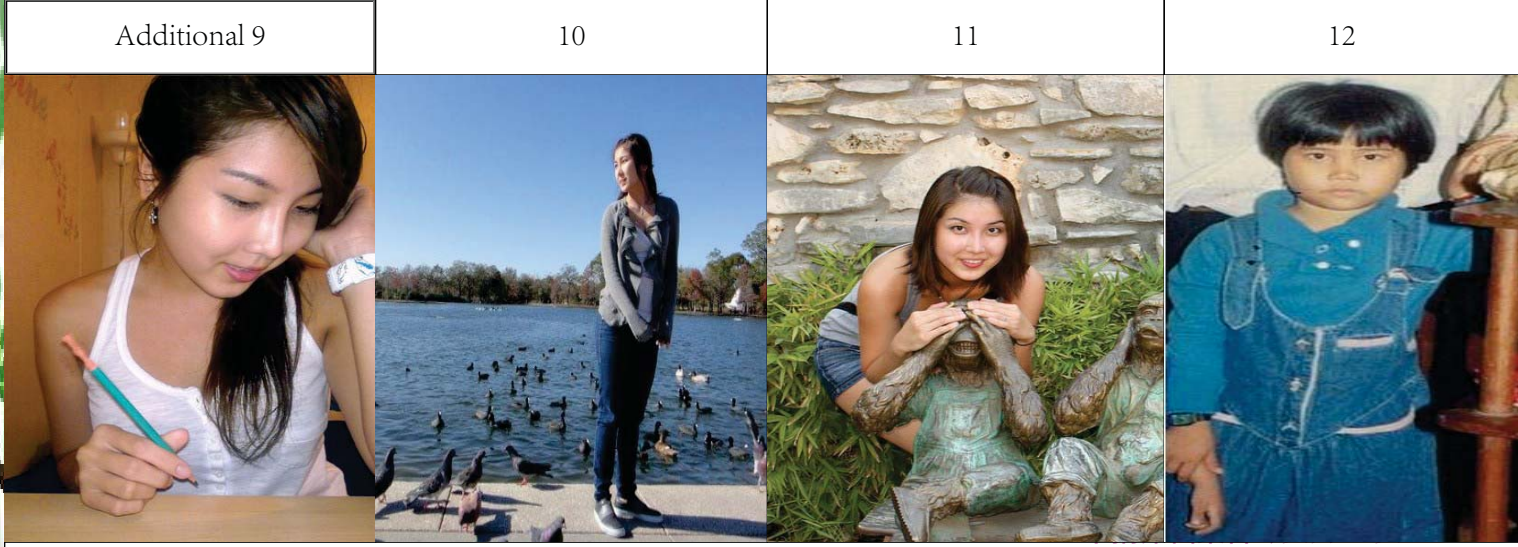
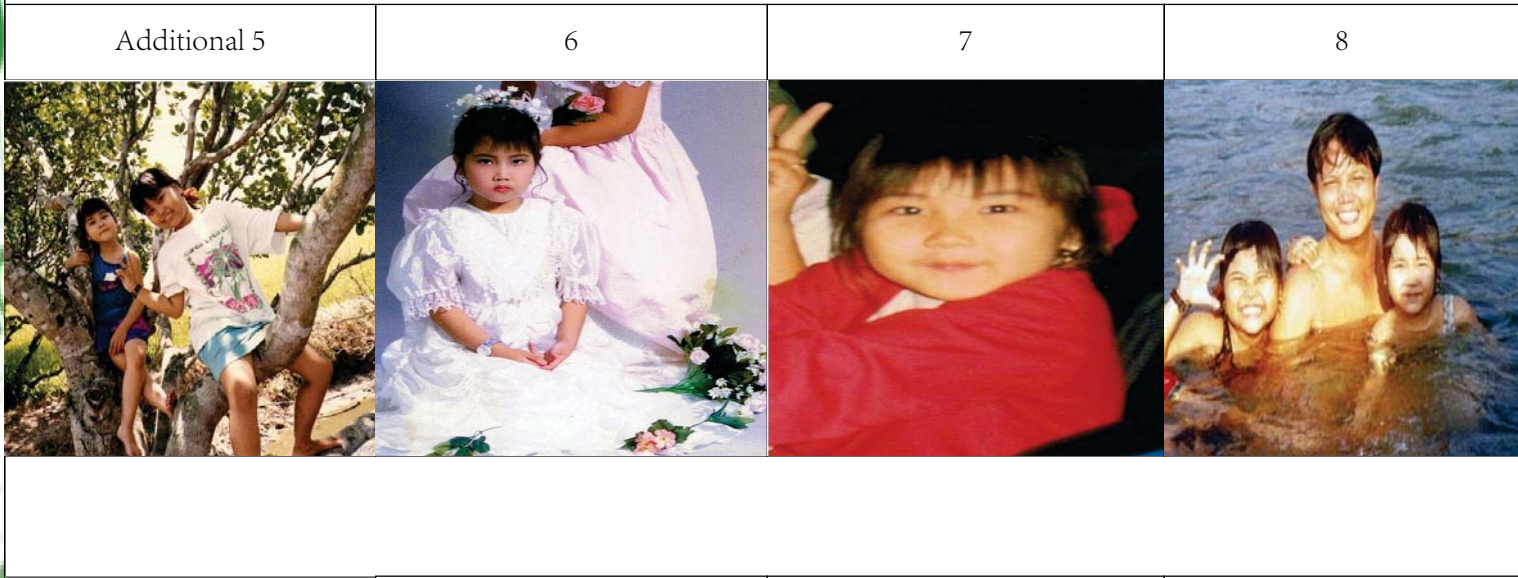
档案制作时间: 2014年3月份



With Family Members



With Family Members



Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 462

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Profiles Presentation Lu Jie Page 3

Interview by DS

DONOR Applicant Nick Name 462



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Donor Data sourced by the Donor Agency
Nick Name: 462

Donor Number

"462"

What is your city?

"Austin"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"No"

Age

"25"

What is your height?

"5'03"

What is your weight in pounds?

"109"

What is your body type?

"Straight"

What is your skin complexion?

"Medium"

What is your natural hair color?

"Brown"

What is your hair texture?

"Straight"

What is your eye color?

"Brown"

Have you had any plastic surgery?

"No"

Have you had any orthodontia?

"No"

Have you had vision correction surgery?

"No"

Do you have glasses?

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Profiles Presentation **Lu Jie** Page 4

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Donor Data sourced by the Donor Agency
Nick Name: 462

"Yes"

Do you have contacts?

"No"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Round"

How significant was your adolescent acne?

"None"

How significant is your adult acne?

"None"

What was your natural hair color as a child?

"Brown"

What is your natural hair color as an adult?

"Brown"

What is your hair type?

"Fine"

What is your hair fullness?

"Thick"

Select the general shape of your eyes.

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Donor Data sourced by the Donor Agency
Nick Name: 462

"Almond"

Select the general size of your eyes.

"Average"

Select the general shade of your eyes.

"Medium"

Select the general description of your eyebrows.

"Medium"

Select the general description of your eyelashes.

"Long"

Select the general description of the size of your mouth.

"Small"

Select the general description of the size of your lips.

"Full"

Select the general description of the shape of your chin.

"Oval"

Select the general description of the cleft in your chin.

"Medium"

Select the general description of the size of your teeth.

"Average"

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Profiles Presentation **Lu Jie** Page 6

Interview by **DS**

DONOR Applicant Nick Name 462

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Donor Data sourced by the Donor Agency
Nick Name: 462

What is your frame size?

"Small"

What is your dress size?

"2"

Describe any significant moles you may have on your body.

"Some"

Select the general description of your skin tone.

"Pink"

Select the general shade of your skin.

"Medium"

Select the general description of your type of skin.

"Combination"

Select the general description of freckles on your body.

"None"

Select the general description of your ability to tan.

"Sunburn Only"

What is your dominant hand?

"Right"

How many times have you donated eggs?

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Donor Data sourced by the Donor Agency
Nick Name: 462

"2"

What is your occupation?

"Student"

What is your college GPA? (or enter N/A if haven't attended college)

"4.0"

What languages do you know?

"English"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	4.7	Diploma	College Prep
Community College:	4.0	AA(2012)	Radiology
Bachelors Degree:	4.0	B.A.	Biology
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:		
ACT Score:		

What were/are your best subjects in school?

"Math, Physics, Chemistry, Art"

What areas of academic weakness to you have?

"None"

Please describe any awards you have received. (Do not provide information that may identify you).

"Bicycle Racing"



Donor Data sourced by the Donor Agency
Nick Name: 462

What are your career goals?

"A stable job, enough to support a family"

Are you adopted?

"No"

Please select the dominant ethnicity of each of the following relatives:

Family Ethnicity MGM MGF PGM PGF

Ethnicity: Chinese Vietnamese Vietnamese Vietnamese

What is your mother's ethnicity?

"Asian" "Chinese" "Vietnamese"

What is your father's ethnicity?

"Vietnamese"

Please select the height of each of the following family members:

Family Height Mother Father MGM MGF PGM PGF

Height: 5'01" 5'08" 5'02" 5'06" 5'01" 5'07"

Please select the weight (in pounds) of each of the following family members: (please just enter the number)

Family Weight Mother Father MGM MGF PGM PGF

Weight: 125 160 110 130 110 140

Please select the body type of each of the following family members:

Family Body Type Mother Father MGM MGF PGM PGF

Body Type: Straight Straight Straight Straight Straight Straight

Please select the eye color of each of the following family members:

Family Eye Color Mother Father MGM MGF PGM PGF

Eye Color: Brown Brown Brown Black Black Black

Please select the natural hair color of the following family members as they were when they were a young at

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Donor Data sourced by the Donor Agency
Nick Name: 462

Family Hair Color Mother Father MGM MGF PGM PGF

Hair Color: Black Black Dark Brown Black Black Black

Please select the skin tone of each of the following family members:

Family Skin Tone Mother Father MGM MGF PGM PGF

Skin Tone: Pink Light Brown Pink Light Brown Yellow Light Brown

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

"No"

Are you of African ancestry?

"No"

Are there any known genetic conditions in your family?

"No"

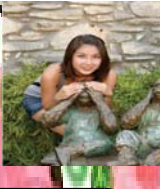
Do you have children?

"No"

Please provide the following information about your full siblings (enter n/a in a cell if you have no siblings):

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:		5'2"	127	Straight	Brown	Black	Light Brown
Sibling 2:							
Sibling 3:							
Sibling 4:							
Sibling 5:							

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Donor Data sourced by the Donor Agency
(Nick Name: 462)

How many children do you have?

"0"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	58			Nail Tech	College Degree
Father:	58			Engineer	2 Bachelor Degrees
Maternal Grandmother:		65	Depression	House Wife	College Degree
Maternal Grandfather:	91			Retired	College Degree
Paternal Grandmother:		72	Heart Attack	Retired	College Degree
Paternal Grandfather:		65	Blood vein problem	Retired	Bachelor's
Sibling 1:				Student	
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

How many full siblings are in your family? (include yourself)

"2"

Please add any other comments about your health or your immediate family's health history.

"I was a quiet kid, but I have changed and am opening up to everyone. Only my Maternal Grandfather is here still and he is 91 but his health is great aside from hearing. He has no mobility problems. My parents are healthy, my dad golfs and mom cooks."

Why do you want to become an egg donor?

"It's really nice to be helping someone to build a perfect family."

Is your husband / partner supportive of your desire to be a donor?

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Donor Data sourced by the Donor Agency
Nick Name: 462

"Yes"

What is your personality like? Are you outgoing, shy, reserved, easy going?

"I am outgoing and like to find new places!"

What are your plans for the future? Where do you see yourself in 5 and 10 years?

"My future is in my hands, I want to take care of myself and my future family. I will have a stable family and will will be a perfect wife."

What has been your most proud moment to date? What achievement are you most proud of?

"I am a normal girl, and people like me. I have had many "stalkers" since I was little. I am proud of being an independent person."

What is your personal philosophy of life?

"My parents give me the best support. I can do what I want and have good self control."

What do you like to do with your leisure time?

"I like to sit in the fresh air, listening to music."

How active are you physically?

"I can play most sports if I understand the rules. I am good at swimming and diving!"

What sports or activities do you participate in?

"Swimming, dancing, diving..."

Name some of your interests. Reading, traveling, camping, sewing, etc.

"Drawing, singing, dancing, traveling, group activities"

List any clubs, sport teams, organizations that you belong to:

"Bicycle racing team, dancing group, Red Cross Aid Group, Church Orchestra, camping group"

List any honors or awards you have received.

"First place in High School Physics, third in Bicycle Racing, Second in Beauty High School Girl in Vietnam"

What sort of volunteer work have you done?

"At church helping to cook, teaching and playing with children, face painting for the deaf"

What is your favorite food?

"Vegetable Soup"

What is your favorite song?

"Old love songs like "Right Here Waiting for You""

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Donor Data sourced by the Donor Agency
Nick Name: 462

Who is your favorite star / celebrity?

"Celine Dion"

What is your favorite book?

"The Rich Father, Oliver Twist"

What is your favorite color?

"White, Yellow, Green"

What is your favorite sport?

"Swimming"

What was your favorite childhood activity?

"Following my father and learning"

Who do you admire most and why?

"My father, he has showed me the meaning of life."

Do you have or did you have a pet? What type?

"Yes, a cat, dog, hamster, duck and a bird."

Are you religious or spiritual?

"Yes"

Do you practice your religion?

"Yes"

What religion or spiritual ritual do you practice now?

"Catholicism"

What is one thing that is totally unique about you?

"I go out of my way to help anyone in need."

What would you like to say to any potential recipient?

"I give my best to you!"

Describe yourself as a young child.

"I was a shy girl, and I enjoyed listening to people talk."

What was your favorite thing to do as a child?

"Collecting Pictures of Scenic Views"

What was your favorite subject in school?

"Math, Art"

What do you remember most about your mother when you were a child?

"The warmth of her arms"

What do you remember most about your father when you were a child?

"He is a strong man who is always right"

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Donor Data sourced by the Donor Agency
Nick Name: 462

What was your favorite vacation as a child?

"Thailand with my big family"

What problems did you have when you were a teenager? Social? Health? etc.

"I was a little too quiet"

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH DEFECTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

	None	Self	Children	Mothe r	Sibl ing	Grandpar ents	Aunt/Uncl e	Cousin
Birth Defects								
Cleft Lip / Palate:								
Congenital Hip Problems:								
Club Feet:								
Heart Defect:							<input checked="" type="checkbox"/>	
Hearing Problems:								
Spina Bifida - Neural Tube (open spine):								
Microcephaly:								
Holoprosence hpaly - a single-lobed brain structure and severe skull and facial defects:								

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Donor Data sourced by the Donor Agency
Nick Name: 462

Other:

For every relative, please indicate your relation to them (include maternal or paternal), the age at onset of the disease state, and any other pertinent information of which you are aware.
"MGF"

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Chromosomal	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin
Down Syndrome:									
Other (i.e. Turner, Fragile X, Klinefelter's, etc.):									

Carefully review the following list of medical problems (CANCER) and identify which ones you or one of your relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Cancer	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin
Breast:									
Colon or Intestinal:									
Lung:									
Ovary or Uterine:									
Prostate:									

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Donor Data sourced by the Donor Agency
Nick Name: 462

e or
Testicu
lar:

Skin:

Stomac
h:

Thyroid
:

Blood
(e.g.
leukem
ia):

Other:

Carefully review the following list of medical problems (HEART) and identify which ones you or one of your relatives have or had. Please consider each condition carefully for each family member. If you or none of you members have a history of the specific medical condition, please check "None".

Heart	None	Self	Childre n	Mother	Father	Sibling	Grandp arents	Aunt/U ncle	Cousin
Stroke:									
Heart Attack:							<input checked="" type="checkbox"/>		
Congen ital Heart Disease :									
Heart Disease or Defect:									
Harden ing of the Arterie s:									
High Blood									

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Donor Data sourced by the Donor Agency
Nick Name: 462

Pressur
e:

High
Cholest
erol
Level:

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the disease state, and any other pertinent information of which you are aware.

"PGM"

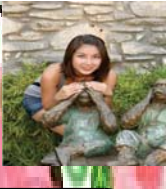
Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Reproductiv e Outcomes	No ne	Self	Childre n	Mother	Father	Sibling	Grandp arents	Aunt/U ncle	Cousin
2 or more Miscarriages :									
Stillborn:									
Premature Menopause:									
Death of a newborn infant:									
Childhood death:									
Birth Defects:									
Infertility:									
Premature Birth:									

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Genitals /	None Sel	Childre	Mother	Father	Sibling	Grandp	Aunt/U	Cousin
------------	----------	---------	--------	--------	---------	--------	--------	--------

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Reproductive	f	n	Parents	Uncle
Hermaphroditism / Ambiguous Genitals:				
Hypospadias or Undescended Testicle(s):				
Uterine Fibroids:				
Ovarian Cysts or Ruptured:				
Lumps or Cysts in Breast or Discharge:				
Polycystic Ovarian Syndrome (PCOS):				
Pelvic Inflammatory Disease (PID):				
Endometriosis:				

Carefully review the following list of medical problems (BLOOD) and identify which ones you or one of your relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Blood	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousins
Anemia:									
Sickle-Cell Anemia:									
Factor									

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V
Leiden
Thrombophilia
(blood clots or strokes):

Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:

Immune Deficiency:

Leukemia:

Lymphoma or Swollen Lymph Nodes:

HIV:

Thalassemia:

Polyarteritis Nodosa:

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Nick Name: 462

Other
Blood
Disorde
r:

Carefully review the following list of medical problems (RESPIRATORY) and identify which ones you or one genetic relatives have or had. Please consider each condition carefully for each family member. If you and n your family members have a history of the specific medical condition, please check "None".

Respiratory	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin
Asthma:									
Hay Fever:									
Emphysema:									
Tuberculosis:									
Pneumonia:									
Alpha-1 pancreatic Disorder:									
Blood in Sputum:									
Other Lung Disease:									

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify which ones you of your genetic relatives have or had. Please consider each condition carefully for each family member. If you none of your family members have a history of the specific medical condition, please check "None".

Gastro-In testinal	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin
Appendici tis:									
Ulcer of Stomach or Duodenu m:									
Gallstone									

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Nick Name: 462

S:

Hepatitis A, B, or C:

Cirrhosis of the Liver:

Other Liver Disease:

Ulcerative Colitis:

Crohns Disease:

Pyloric Stenosis:

Multiple Polyps of the Colon:

Rectal Disorder:

Inflammatory Bowel Disease:

Any other problem of the digestive system:

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin
Diabetes							<input checked="" type="checkbox"/>		

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Donor Data sourced by the Donor Agency
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s
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therapy
:

Diabete
s not
requiri
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insulin
therapy
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Childho
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Diabete
s:

Thyroid
Disorde
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Goiter:

Hypogl
ycemia
:

Adrenal
Dysfun
ction or
Disorde
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Phenyl
Ketonu
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(PKU)
or
inherit
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Metabo
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Disorde
r:



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Obesity

:

Dwarfism

m:

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of disease state, and any other pertinent information of which you are aware.

"MGF - therapy not specified."

Carefully review the following list of medical problems (URINARY) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Urinary None Self Children Mother Father Sibling Grandparents

Kidney Problems:

Polycystic Kidney Disease:

Other disease/defect of urinary tract (urethra, bladder, ureter):

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Neurological None Self Children Mother Father Sibling Grandparents

Migraines:

Mental Retardation:

Senility or Mental Deterioration before age 50:

Multiple Sclerosis:

Cerebral Palsy:

Neurofibromatosis:

Epilepsy / Seizures:

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Donor Data sourced by the Donor Agency
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Attention Deficit
Disorder /
Hyperactivity:

Autism /
Asperger's:

Alzheimer's Disease
/ Dementia:

Hydrocephalus:

Tuberous Sclerosis:

Parkinson's
Disease:

Creutzfeldt-Jakob
Disease:

Scoliosis:

Myasthenia Gravis:

Huntington's or
Wilson's Disease:

Tourettes's
Syndrome:

Other diseases of
the nervous system:

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Mental Health None Self Children Mother Father Sibling Grandparents

Anxiety / Panic
Attacks:

Anorexia / Bulimia
/ Other eating
disorders:

Depression:



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Donor Data sourced by the Donor Agency
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Schizophrenia:

**Manic Depressive or
Bipolar Disorder:**

**Other mental health
disorder requiring
hospitalization:**

Suicide Attempts:

**Other mental health
problems that
warrented
counseling:**

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the disease state, and any other pertinent information of which you are aware.

"MGM"

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Muscle/Bone/Joints None Self Children Mother Father Sibling Grandparents

Muscular Dystrophy:

**Achondroplasia-
form of dwarfism
with abnormal bone
growth:**

**Other Chronic
Muscle Disease:**

**Osteo genesis im-
perfecta (brittle
bone disease):**

**Loss of Muscle
Coordination:**

Osteoporosis:

Mar fan Syndrome:

Arthritis:

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Donor Data sourced by the Donor Agency
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Rheumatoid or
Juvenile Arthritis:

Spinal Muscular
Atrophy:

Hereditary Low Back
Disorder or
Deformity of Spine:

Reiter's Disease:

Myasthenia Gravis:

Gout:

Metabolic Bone
Disease:

Lupus (systemic
lupus erythematosus
- SLE):

Carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Sight/Sound/Smell None Self Children Mother Father Sibling Grandparents

Amusia (medical
tone deafness):

Deafness before age
60:

Deformity of the ear:

Cataracts before age
50:

Blindness:

Color Blindness:

Sever Myopia:

Glaucoma:

Retinoblastoma:

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Donor Data sourced by the Donor Agency
Nick Name: 462

Retinitis

Pigmentosa:

Deviated Septum:

Another other

Sensory Disorder:

Carefully review the following list of medical problems (SKIN) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

SKIN	None	Self	Children	Mother	Father	Sibling	Grandparents
Acne:							
Albinism:							
Eczema:							
Excessive Facial Hair (Hirsutism):							
Pigmentation Disorders:							
Psoriasis:							
Neurofibromatosis:							
Other disorders of the skin:							
Infectious Skin Disease:							
More than 5 purple or coffee colored spots on skin (size of quarter or larger):							

Carefully review the following list of medical problems (OTHER) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Other	No	Se	Childr	Moth	Fath	Sibli	Grandpar	Aunt/U	Cous

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Donor Data sourced by the Donor Agency
Nick Name: 462

Other	No	Se	Childr	Moth	Fath	Sibli	Grandpar	Aunt/U	Cous
	ne	lf	en	er	er	nq	ents	ncle	in
Alcoholism:									
Drug Abuse, Misuse or Addiction:									
Premature degeneration of any organ system:									
Anorexia:									
Bulemia:									
Other Eating Disorder:									
Any other condition not mentioned in any other question:									

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhoea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"No"

Have you had chlamydia within the past 12 months?

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Donor Data sourced by the Donor Agency
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"No"

Do you have herpes?

"No"

Have you ever had

Trichomoniasis?

"No"

Have you ever had Syphilis?

"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?

"No"

Have you ever been diagnosed with Severe Adult Acne?

"No"

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?

"No"

Have you ever been diagnosed with Ovarian Cysts?

"No"

Have you ever been diagnosed with Chronic Pelvic Pain?

"No"

Have you ever been diagnosed with Polycystic Ovarian Disease?

"No"

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Donor Data sourced by the Donor Agency
Nick Name: 462

Have you ever been diagnosed with
Thyroid Disease?

"No"

Do you have allergies?

"No"

Do you take daily medications?

"No"

Do you take daily vitamins?

"No"

Do you take any herbal supplements?

"No"

Have you ever had any major medical
problems?

"No"

How would you describe your overall
health, both mentally and physically?

"I am a strong, active girl. My mind
works well and is faster than a normal
most people's."

How old were you when you had your
first period?

"15"

Are your cycles regular when not on
the pill?

"Yes"

How many pregnancies have you had?

"0"

How many miscarriages have you
had?

"0"

Has anyone in your immediate family
(grandparents, parents, self, siblings)
had multiple births?

"No"

What method of birth control do you
use?

本捐卵档案合计页为 31 页



Donor Data sourced by the Donor Agency
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"Birth Control Pills"

Do you drink?

"No"

Do you smoke or use tobacco products?

"No"

Have you ever used illegal drugs including marijuana or IV drugs and cocaine?

"No"

Do you have any tattoos?

"Yes"

If "Yes", when and where on your body.

"down side of my back"

Do you have any body piercings?

"Yes"

If "Yes", when and where on your body.

"Ears"

本捐卵档案合计页为 31 页