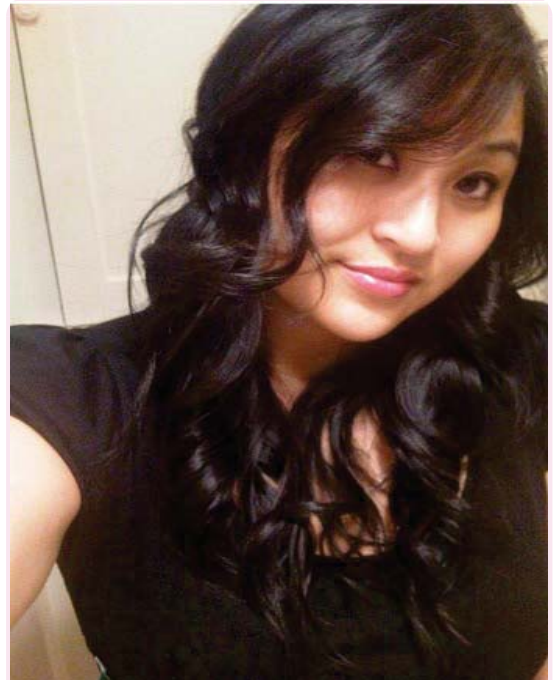




Messege to the Potential Couple

YD-694-DS-496

所在国家	美国
籍贯	美国
出生或年龄	31岁
身高	5'02(英文单位i)
体重	118LBS
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

TODAY 14-3-27

制作
2014.03.31
L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by DS

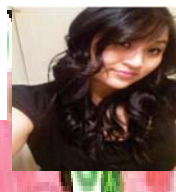
DONOR Applicant Nick Name 496

TODAY 14-3-27

制作
2014.03.31
L_jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Add Row				
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Profiles Presentation Lu Jie Page 3

Interview by DS

DONOR Applicant Nick Name 496



Donor Data sourced by the Donor Agency

Nick Name: 496

Donor Number

"496"

What is your city?

"Dallas"

What is your state?

"Texas"

What race would you most likely be affiliated?

"Asian"

What is your blood type?

"No"

Age

"31"

What is your height?

"5'02"

What is your weight in pounds?

"118"

What is your skin complexion?

"Medium"

What is your natural hair color?

"Black"

What is your hair texture?

"Medium"

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?

"Yes"

Do you have contacts?

本捐卵档案合计页为 20页



Donor Data sourced by the Donor Agency
Nick Name: 496

"Yes"

Do you have hearing problems?

"No"

Select the general shape of your face.

"Round"

How significant was your adolescent acne?

"Average"

How significant is your adult acne?

"During Menstruation"

What was your natural hair color as a child?

"Black"

What is your natural hair color as an adult?

"Black"

What is your hair type?

"Medium"

What is your hair fullness?

"Medium"

Select the general shape of your eyes.

"Almond"

Select the general size of your eyes.

"Average"

Select the general shade of your eyes.

"Medium"

Select the general description of your eyebrows.

"Average"

Select the general description of your eyelashes.

"Normal"

Select the general description of the size of your mouth.

"Medium"

Select the general description of the size of your lips.

"Average"

Select the general description of the shape of your chin.

"Round"

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Donor Data sourced by the Donor Agency

Nick Name: 496

Do you have dimples?

"Left"

Select the general description of the size of your teeth.

"Average"

What is your frame size?

"Medium"

What are your natural chest measurements in inches?

"35"

What is your waist size in inches?

"31"

What is your hip size in inches?

"38"

What is your dress size?

"6"

Select the general description of your skin tone.

"Light Brown"

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.

"Easily"

What is your dominant hand?

"Right"

How many times have you donated eggs?

"1"

What is your occupation?

"Staff Assistant"

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

"3.0"

What languages do you know?

"English" "Spanish" "French" | "Other (explain)"

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Profiles Presentation Lu Jie Page 6

Interview by DS

DONOR Applicant Nick Name 496



Donor Data sourced by the Donor Agency
Nick Name: 496

Please explain "Other"

"Vietnamese"

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.2	Diploma	College Prep
Community College:	3.5	College Credits	Algebra and DHS
Bachelors Degree:	3.0	Bachelor of Arts with Double Minors	Anthropology, Forensic, Science and French
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:		
ACT Score:	23	2001

What were/are your best subjects in school?

"Science and Math"

What areas of academic weakness to you have?

"Advanced Math"

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

"Apecial Achievement Award through employer"

What are your career goals?

"Advance to executive level position within my agency."

Are you adopted?

"No"

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

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Vietnamese	Vietnamese	Vietnamese	Vietnamese

What is your mother's ethnicity?

"Vietnamese"

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2014.03.31
L Jie



Donor Data sourced by the Donor Agency
Nick Name: 496

"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:	5'03"	5'02"	5'03"			

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

Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	130	115	135			

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			

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			

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

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	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:	Light Brown	Light Brown	Light Brown			

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

"No"

Are you of African ancestry?

"No"



Donor Data sourced by the Donor Agency

Nick Name: 496

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:							
Sibling 2:							
Sibling 3:							
Sibling 4:							
Sibling 5:							

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:	55			Seamstress	Some College
Father:					
Maternal Grandmother:	79			Homemaker	
Maternal Grandfather:		72	Natural Causes	Farmer	
Paternal Grandmother:					
Paternal Grandfather:					
Sibling 1:					
Sibling 2:					
Sibling 3:					
Sibling 4:					
Sibling 5:					

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

"Yes"

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

"I am very outgoing. I am not shy and can adapt to"

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Donor Data sourced by the Donor Agency
Nick Name: 496

any atmosphere. People tend to gravitate towards me when they want to strike up a conversation!"

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

"I hope to move up within my agency soon. I would also like to get married and have children in the next 5 years."

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

"Receiving a monetary Special Achievement Award from the Federal Security Director."

What is your personal philosophy of life?

"Treat others as you would want to be treated."

What do you like to do with your leisure time?

"Cook, travel, read, watch movies and arts and crafts."

How active are you physically?

"I try to work out 2-3 times a week."

What sports or activities do you participate in?

"None at this moment. I'm thinking about taking up softball."

Have you played on sports teams or excelled in athletics? Which ones?

"Track and field in high school."

What are your other skills or talents such as writing, acting, dancing, etc.

"Drawing, graphic design, and carpentry."

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

"I LOVE to cook, travel to different cities and countries, watch movies. I can sew but I do not like it (mom taught me well...) and I can repair almost anything."

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

"Several community service organizations."

List any honors or awards you have received.

"Special Achievement Award"

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Donor Data sourced by the Donor Agency
Nick Name: 496

What sort of volunteer work have you done?

"Tutoring, mentoring, and volunteering at Salvation Army"

What is your favorite food?

"Anything Asian but I absolutely love fried catfish and crawfish."

What is your favorite song?

"I have way too many to list."

Who is your favorite star / celebrity?

"Sandra Bullock"

What is your favorite book?

"Runaway Jury"

What is your favorite color?

"Pink"

What is your favorite sport?

"I have a few - football, basketball, gymnastics, soccer, and tennis"

What was your favorite childhood activity?

"Role-playing"

Who do you admire most and why?

"My mother for raising us by herself and her advice that didn't make any sense to me until I became an adult."

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

"Yes, a pomeranian named Skyla."

Are you religious or spiritual?

"Spiritual"

Do you practice your religion?

"No"

What religion or spiritual ritual do you practice now?

"I am a non-practicing Catholic via my mother. I am thinking about converting to nondenominational or another Christian-based religion."

What is one thing that is totally unique about you?

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Donor Data sourced by the Donor Agency
Nick Name: 496

"I am work a holic with an active social life!"

What would you like to say to any potential recipient?

"I would like to say that I may not feel their frustration but I understand it. I have two close friends who are going through the same dilemmas with conception. I would also like to say don't give up and God will send them a child when the time is right"

Describe yourself as a young child.

"I was very outgoing and smart. I started doing chores when I was 4 years old such as washing dishes, setting the table, and cooking rice. I also changed my brothers diapers and gave him baths at age 5."

What was your favorite thing to do as a child?

"Role-play with my best friend and my younger brother. We often played teacher/student with homework or mother/child with the teaset."

What was your favorite subject in school?

"Math, reading, and writing."

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

"She used to take us to the movies every Saturday and then go home and bake something."

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

"I've never met my father."

What was your favorite vacation as a child?

"Playing in the water at Pensacola Beach, Florida"

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

"None"

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".

Birth Defects None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

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Donor Data sourced by the Donor Agency
Nick Name: 496

Cleft Lip / Palate:

Congenital Hip Problems:

Club Feet:

Heart Defect:

Hearing Problems:

Spina Bifida - Neural Tube (open spine):

Microcephaly:

Holoprosencephaly - a single-lobed brain structure and severe skull and facial defects:

Other:

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	Sibling	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 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".

Cancer	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Breast:									
Colon or Intestinal:									
Lung:									
Ovarian or Uterine:									
Prostate or Testicular:									

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Donor Data sourced by the Donor Agency
Nick Name: 496

Skin:

Stomach:

Thyroid:

**Blood (e.g.
leukemia):**

Other:

Carefully review the following list of medical problems (HEART) 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 or none of your family members have a history of the specific medical condition, please check "None".



Heart

None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

Stroke:

Heart Attack:

**Congenital Heart
Disease:**

**Heart Disease or
Defect:**

**Hardening of the
Arteries:**

High Blood Pressure:

**High Cholesterol
Level:**

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".

Reproductive Outcomes None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

2 or more

Miscarriages:

Stillborn:

Premature

Menopause:

Death of a newborn

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Donor Data sourced by the Donor Agency
Nick Name: 496

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 / Reproductive None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

**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 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".

Blood None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

Anemia:

Sickle-Cell Anemia:

Factor V Leiden

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Donor Data sourced by the Donor Agency

Nick Name: 496

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:

Other Blood Disorder:

Carefully review the following list of medical problems (RESPIRATORY) 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".

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

Carefully review the following list of medical problems (GASTRO-INTESTINAL) 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".

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Donor Data sourced by the Donor Agency
Nick Name: 496

Gastro-Intestinal None Self Children Mother Father Sibling Grandparents Aunt/Unde Cousin

Appendicitis:

Ulcer of Stomach or
Duodenum:

Gallstones:

Hepatitis A, B, or C:

Cirrhosis of the Liver:

Other Liver Disease:

Ulcerative Colitis:

Crohn's 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 Sibling Grandparents Aunt/Unde Cousin

Diabetes requiring
insulin therapy:

Diabetes not
requiring insulin
therapy:

Childhood Diabetes:

Thyroid Disorder:

Goiter:

Hypoglycemia:

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Donor Data sourced by the Donor Agency
Nick Name: 496

**Adrenal Dysfunction
or Disorder:**

**Phenyl Ketonuria
(PKU) or inherited
Metabolism Disorder:**

Obesity:

Dwarfism:

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus
(HPV)?

"No"

Have you had chlamydia within the past 12
months?

"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
Cvsts?

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Donor Data sourced by the Donor Agency
Nick Name: 496

"No"

Have you ever been diagnosed with Chronic Pelvic Pain?

"No"

Have you ever been diagnosed with Polycystic Ovarian Disease?

"No"

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?

"Healthy"

How old were you when you had your first period?

"13"

Are your cycles regular when not on the pill?

"No"

How many pregnancies have you had?

"1"

How many miscarriages have you had?

"0"

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

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Donor Data sourced by the Donor Agency

Nick Name: 496

multiple births?

"No"

What method of birth control do you use?

"Birth Control Pills"

Do you drink?

"Yes"

How many drinks do you usually consume in a week?

"1-5"

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?

"No"

Do you have any body piercings?

"Yes"

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

"Ears"

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