



制作  
 2014.03.19  
 L\_Jie

Messege to the Potential Couple

YD-714-GB-Lei

所在国家	美国
籍贯	美国
出生或年龄	23岁
身高	5'7(英文单位i)
体重	126LBS
血型	B
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	否



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 14-3-16

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622 FORM  
DNAP Profile

DAP YUlane.org  
Donor Assessment Program



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Interview by GB

DONOR Applicant Nick Name Lei

TODAY 14-3-16

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622 FORM  
DNAP Profile

DAP YUlane.org  
Donor Assessment Program



Add Row				
X				

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Interview by GB

DONOR Applicant Nick Name Lei



Donor Data sourced by the Donor Agency .:

Nick Name: Lei.

<b>Name:</b> .:	Lei.
<b>Middle Name:</b> .:	.
<b>City:</b> .:	monterey park.
<b>State:</b> .:	California.
<b>Donor Id:</b> .:	1789.
<b>Ethnicity:</b> .:	Asian.
<b>Maternal Heritage:</b> .:	.
<b>Paternal Heritage:</b> .:	.
<b>Date of Birth:</b> .:	2/5/1991.
<b>Marital Status:</b> .:	Single.
<b>Blood Type:</b> .:	B +ve.
<b>Have you ever been arrested?:</b> .:	No.
<b>Comments:</b> .:	.
<b>Religious Affiliation:</b> .:	None.
<b>Exact Height:</b> .:	5'7".
<b>Weight:</b> .:	126.
<b>Body Type:</b> .:	Medium.
<b>Natural Hair Color:</b> .:	Black.
<b>Hair Texture:</b> .:	.
<b>Eye Color:</b> .:	Brown.
<b>Complexion:</b> .:	NA.
<b>High School GPA:</b> .:	.
<b>SAT:</b> .:	.
<b>ACT:</b> .:	.
<b>What was your college GPA?:</b> .:	.
<b>What degrees do you hold?:</b> .:	College Graduate.
<b>Please list any / all awards, honors or scholarships you have won:</b> .:	.
<b>Do you speak any other languages?:</b> .:	Yes.
<b>What was your favorite subject in school and why?:</b> .:	.
<b>Do you have any artistic abilities? Please list:</b> .:	.
<b>Do you have any athletic abilities? Please list:</b> .:	.
<b>What was your college major?:</b> .:	.
<b>If you have over a 3.8 GPA, went to (or are going to) an exceptional University, received academic scholarships, or have above a Bachelors degree, please check this box:</b> .:	No.
<b>What is your current occupation?:</b> .:	.

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Donor Data sourced by the Donor Agency .,  
Nick Name:Lei,.

Please describe your personality:.,	.,	.,
Are you right or left handed?.,	Right,.	.,
What is your favorite color?.,	.,	.,
What is your favorite food?.,	.,	.,
Do you consider yourself introverted or extroverted?.,	introverted,.	.,
Who do you live with?.,	.,	.,
Do you have a significant other? If so, tell us how you met:.,	.,	.,
What are your hobbies?.,	.,	.,
Describe your perfect day:.,	.,	.,
Who is your hero and why?.,	.,	.,
If Steven Spielberg were filming a movie about your life, + what famous actress would play you and why?.,	.,	.,
What would you say is your biggest accomplishment in your life thus far?.,	.,	.,
What do you hope to accomplish in your life in years to come?.,	.,	.,
If you could meet anyone in the world, who would it be and why?.,	.,	.,
Tell us about your most favorite vacation:.,	.,	.,
If you could travel anywhere, where would it be and why?.,	.,	.,
What would you say is your biggest talent?.,	.,	.,
Reason for becoming a donor:.,	to help people	.,
Anything we have not asked?.,	.,	.,
<b>BECOMING A DONOR .,</b>		
How long have you been thinking about it?.,	3 months,.	.,
Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having a minor out - patient surgery. Our office, the doctor's office, and your intended parent (s) will count on you to be responsible throughout the entire cycle. So you feel prepared to commit to this process? + .,	yes,.	.,
How do your friends and family feel about your	support,.	.,

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Nick Name: Lei.,

What would you like to say to the couple who chooses you to be their donor?.,	.,
Would you be willing to take a donor compensation of \$5,000 to help a couple who has been affected by the recession? It may help get you matched more quickly the first time and if you choose to come back and donate again, you would be considered a 'Previous' donor and would be given a higher fee?.,	Yes.,
.,	.,
Gifted Journeys strongly believes all loving and able couples or individuals deserve the chance to be parents regardless of sexual preference, marital status, ethnicity or sex of the egg recipient. Are you open to being matched with all types of families? If no, please explain:.,	Yes.,
.,	.,
Are you willing to meet your intended parent(s)?.,	Not Sure.,
Are you open to meeting the child in the future if that is requested?.,	Not Sure.,
Are you open to exchanging future contact information with your intended parent(s)?.,	Not Sure.,
.,	.,

**FAMILY LIFE** .,

What were you like as a child?.,	.,
What were you like as a teenager?.,	.,
Where did you grow up?.,	.,
How would you describe your family life as you were growing up?.,	.,
Do you have any siblings? If so, tell us about each of them:.,	.,
Do you have any children? If so, tell us about each of them:.,	.,

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Donor Data sourced by the Donor Agency .  
Nick Name: Lei.

**FAMILY GENETIC HISTORY .**

Family Member .	Height .	Eye Color .	Hair Color .	Education Level .	Deceased .	Occupation .
Father .	NA .	Brown .	NA .	College Graduate .	No .	??? ??? .
Mother .	NA .	Brown .	NA .	NA .	No .	???? .
Paternal Grandmother .	NA .	NA .	NA .	NA .	NA .	NA .
Paternal Grandfather .	NA .	NA .	NA .	NA .	NA .	NA .
Maternal Grandmother .	NA .	NA .	NA .	NA .	NA .	NA .
Maternal Grandfather .	NA .	NA .	NA .	NA .	NA .	NA .
Sibling 1: NA .	NA .	NA .	NA .	NA .	NA .	NA .
Sibling 2: NA .	NA .	NA .	NA .	NA .	NA .	NA .
Sibling 3: NA .	NA .	NA .	NA .	NA .	NA .	NA .

**PERSONAL HEALTH HISTORY: .**

Any past or current medical problems? If so, please list: .	No .
Have you ever been pregnant? If so, how many times and what was the outcome? .	No .
Have you ever been a donor before? If so, did a pregnancy occur? .	No .
What kind of birth control are you on? .	none .
Do you drink alcohol? If so, how many drinks a week? .	No .
Are you currently taking medication? .	<input type="radio"/> Yes * <input checked="" type="radio"/> No
Do you smoke? .	<input checked="" type="radio"/> Yes * <input type="radio"/> No
Are you taking any recreational drugs? .	<input type="radio"/> Yes * <input checked="" type="radio"/> No
Are your cycles regular? .	* <input checked="" type="radio"/> Yes <input type="radio"/> No

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Donor Data sourced by the Donor Agency .  
Nick Name: Lei.

FAMILY MEDICAL HISTORY .				
Following Diseases has occurred in a family and explain: .				
Disease: .	To Who m: .	Passed Away: .	Age of onset/Medicatio n: .	Age at the time of passin g: .
Cancer: .	NA: .	NA: .	NA: .	NA: .
Mental retardation: .	NA: .	NA: .	NA: .	NA: .
Autism/Aspergers : .	NA: .	NA: .	NA: .	NA: .
Physical malformations: .	NA: .	NA: .	NA: .	NA: .
Paralysis or crippling disorders: .	NA: .	NA: .	NA: .	NA: .
Alcoholism: .	NA: .	NA: .	NA: .	NA: .
Cystic fibrosis: .	NA: .	NA: .	NA: .	NA: .
Sickle cell anemia: .	NA: .	NA: .	NA: .	NA: .
Lupus: .	NA: .	NA: .	NA: .	NA: .
Miscarriages, still births, or neonatal deaths: .	NA: .	NA: .	NA: .	NA: .
High blood pressure, heart attacks or strokes: .	NA: .	NA: .	NA: .	NA: .

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Nick Name: Lei .:

Memory loss or dementia: .:	NA.:	NA.:	NA.:	NA.:
Osteoporosis: .:	NA.:	NA.:	NA.:	NA.:
Arthritis: .:	NA.:	NA.:	NA.:	NA.:
Allergies: .:	NA.:	NA.:	NA.:	NA.:
Blood disease: .:	NA.:	NA.:	NA.:	NA.:
Diabetes (Specify Type I or Type 2): .:	NA.:	NA.:	NA.:	NA.:
Thyroid issues: .:	NA.:	NA.:	NA.:	NA.:
Learning disabilities: .:	NA.:	NA.:	NA.:	NA.:
Seizures or epilepsy: .:	NA.:	NA.:	NA.:	NA.:
Depression: .:	NA.:	NA.:	NA.:	NA.:
Panic attacks: .:	NA.:	NA.:	NA.:	NA.:
Schizophrenia: .:	NA.:	NA.:	NA.:	NA.:
Bipolar: .:	NA.:	NA.:	NA.:	NA.:
ADD or ADHD: .:	NA.:	NA.:	NA.:	NA.:
Age related causes: .:	NA.:	NA.:	NA.:	NA.:
Any history of kidney problems / diseases: .:	NA.:	NA.:	NA.:	NA.:

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<b>Reproductive Problems: i.e. Endometriosis, hysterectomies, late-term miscarriages, etc.</b>	NA.:	NA.:	NA.:	NA.:
.:				
<b>Vision/sight/eye Problems: .:</b>	NA.:	NA.:	NA.:	NA.:
.:				
<b>Other (any medical issues we've not listed above please explain here): .:</b>	.:	.:	.:	.:

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**DONOR Applicant Nick Name** Lei

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