



Messege to the Potential Couple

YD-671-DF-Jessie

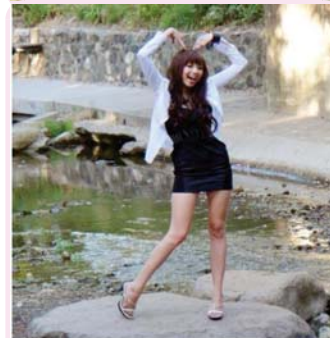
所在国家	美国
籍贯	美国
出生或年龄	29岁
身高	5'7(英文单位i)
体重	120LBS
血型	未知
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否



Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年1月份



With Family Members



With Family Members

TODAY 14-1-23

制作
2014.01.23
L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by DF

DONOR Applicant Nick Name Jessie

TODAY 14-1-23

制作
2014.01.23
L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



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Interview by DF

DONOR Applicant Nick Name Jessie



Donor Data sourced by the Donor Agency

Nick Name: Jessie

Current State/Province:	CA _
Month & Year of Birth:	11 / 85
Age	26
Place of Birth:	USA
Year arrived in the US (if not born here):	
Are you a US citizen or permanent resident?	Yes
Marital Status	single

Length of Current Relationship: 3 years

Current school: Current Occupation: Sales Manager

DONATION HISTORY:

Have you applied or been screened to be an egg donor before?

Yes No

If yes, list dates, name and location of designated IVF Center(s):

08/2012 completed at clinic in CA 16 Eggs retrieved

ETHNIC BACKGROUND

Are you adopted? Yes No If yes, at what age?

Do you have any contact with your birth/genetic parents? Yes No

List ALL your ethnic origins (e.g. Irish/ Italian; Chinese/ Han; Nigerian/ Ibo;

East Indian/Pakistani)

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Mother: Chinese, Taiwan___ Father: Chinese, Hong Kong_____

Maternal Grandmother: Taiwanese Paternal Grandmother: Chinese_____

Maternal Grandfather: Chinese Paternal Grandfather: Chinese_____

If Jewish, are you Ashkenazi Sephardic?

If East Indian, please list your cast/social status_____

PHYSICAL

CHARACTERISTICS

Blood Type, if known: Height: 5'7" Weight: 120

Recent weight loss/gain? Yes No If yes, lbs. loss/gain

Are you? Right Handed Left Handed Ambidextrous

Bone Structure: Small Medium Large Very Large

Complexion: Very Fair Fair Tan Olive Yellow

Light Brown Medium Light Brown Medium Brown Dark Brown

Ebony

Skin Condition: Oily Medium Dry Combination

Do you have Dimples? Yes No

Eye Color: Blue Brown Lt. Brown Dark Brown Green

Hazel

Eye Set: Narrow Average Wide

Eye Size: Small Average Large

Eye Shape: Round Oval Almond

Natural Hair Color: Red Light Blonde Medium Blonde Dark

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Blonde Light Brown Medium Brown Dark Brown Black

Hair Type: Tight Curls Loose Curls Wavy Straight

Hair Texture: Fine Medium Coarse

Hair Fullness: Thin Medium Thick

Premature Graying: Yes No If yes, at what age:

Baldness: Yes No

Baldness in Family: Yes No

Body and Facial Features: Small Medium Large

Condition of your teeth: Poor Fair Good Excellent

Have you had any dental work? Yes No If yes, at what age?

Have you had any plastic surgery completed? Yes No Please specify: _____

Hearing (without corrective aids): Poor Fair Good Excellent

Vision (without corrective lenses): Poor Fair Good Excellent

Do you wear glasses or contacts or have you had laser surgery? Yes No If yes, are/were you: Nearsighted Farsighted Other (specify):

Do you have a stigmatism (blurred vision due to an irregularity in the curvature of the cornea)? Yes No If yes, age diagnosed: _____

Do you have any allergies? Yes No If yes, are you allergic to: _____

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Interview by DF

DONOR Applicant Nick Name Jessie



Donor Data sourced by the Donor Agency

Nick Name: Jessie

Food(s)

Medication(s) Environmental Latex

Please list any childhood allergies that you have outgrown: seasonal allergies

For each medication allergy, describe specific substance and reaction(s) and a ge first noticed:

Substance: __ Reaction(s): _ Age: _

Substance: __ Reaction(s): _ Age: _

Substance: __ Reaction(s): _ Age: _

EDUCATION AND SOCIAL

HISTORY

Highest level of Education attained (High School, Undergraduate, Graduate) and what major:

Bachelors. Studied pre-med and received my degree in Philosophy. Accepted into Graduate School.

Name of University: Major top ranking University (name of University removed by our agency to protect Donor's anonymity)...

Grade Point Average (GPA): 3.5

Academic Strengths (i.e. math, reading): Math/Science/English

Languages spoken: Mandarin, Cantonese, English

Musical Talent or Instrument: Piano Years Exp.: 15 years

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Artistic Talent: Sculpting, painting, drawing _____

Athletic Skills / Favorite Sports: Swimming, running, basketball

Religion Born Into: NA Religion Practiced: Spiritual

PERSONAL HEALTH HISTORY

Are you currently under a doctor's care for any reason? Yes No

If yes, explain:

Did you have any complications or concerns with anesthesia?

No _____

Please list any surgical procedures you've had and when (including abortions): N/A

Have you ever been seen by psychiatrist, psychologist, social worker, counselor, or any other mental health professional for any reason? Yes

No If yes, when, for how long and for what reason?

List all prescription medications that you have taken in the last year: N/A

List all current over-the-counter medications (include hormones, vitamins, aspirin, antacids, laxatives, herbal & sports supplements,

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Interview by DF

DONOR Applicant Nick Name Jessie



Donor Data sourced by the Donor Agency

Nick Name: Jessie

performance-enhancing supplements including steroids, etc.) you are taking:

Calcium & Vitamin C

Have you had a blood transfusion? Yes No

If yes, when?

Have you ever been refused or denied as a blood donor? Yes No If

yes, why?

Have you had acupuncture, ear and/or body piercing or tattooing in which sterile procedures may not have been used? Yes No

Please list and describe all of your tattoos and body piercing:	Description	Location on Body:	Sterile Used?	Needles
Received: _____				
1.				
2.				
3.				
4.				
5.				
6.				

Have you ever had any problems with the law (i.e. DUI, custody issues, lawsuits)? Yes No If yes, please

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

explain:

Please list any arrests, convictions, sentences, incarcerations, etc.:

HABITS:

Exercise Habits: None Occasional Regular Type of Exercise:

Running, Pilates

Your diet is: Vegetarian Non-vegetarian Your diet is: Poor

Average Excellent

Do you have any dietary restrictions? None

What is your caffeine usage? Coffee Soda Tea Energy

Drinks (# of cups/glasses per day?)

_____ Green Tea (2-3 cups/day)_____

Have you ever smoked cigarettes? Yes No

If you stopped, what year/month did you stop?

How many years did you smoke?

What best describes your alcohol consumption? Never drink Rarely

drink/Drink in small amounts Even amounts through the week

Drink in concentrated periods

Have you ever used recreational or illicit drugs (cocaine, marijuana, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids, or etc.)? Yes No If yes, which one(s)

and when did you last use them? _____

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

SEXUAL AND CONTRACEPTIVE HISTORY

Sexual Orientation: Homosexual Heterosexual Bisexual

Number of current sexual partners: 1

Number of sexual partners during the last six months: 1

Total number of past sexual partners: 3

CONTRACEPTIVE HISTORY:

Currently use:

IUD Type Diaphragm Condom Birth Control Pills

Rhythm Spermicide Depo-Provera Tubal Ligation None

Other:

How long on Birth Control Pills? Why did you start taking Birth Control Pills?

MENSTRUAL AND REPRODUCTIVE HISTORY

Age at start of menses: 13 years old

Date of Last Menstrual Period: 9/15/2012

Are your menstrual periods regular: Yes No

How long is your monthly cycle (first day of period to first day of the next)?

28-30 days days

Date of last Pap Smear: 2012 Result: normal

Have you ever had an abnormal PAP: Yes No If yes, when & why:

Have you ever had a pelvic infection requiring treatment with antibiotics:

Yes No

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Have you been pregnant before? Yes No

Number of pregnancies: _____ Number of abortions/ miscarriage: _

Number of live

births: YOUR	1	2	3	4
CHILDREN				

Age/ Sex

Eye color

Hair Color

Comments:

FAMILY HEALTH HISTORY

How many blood siblings are in your immediate family (including yourself and half siblings)?

Number of Brothers: 1 Number of Sisters: 1

Number of Half-brothers: Number of Half-sisters:

Number of Maternal Aunts: 1 Number of Maternal Uncles: 2

Number of Paternal Aunts: Number of Paternal Uncles: 1

Are there any twins or triplets in your family? Yes No Relation:

Describe genetic family members according to the following characteristics.

Use natural eye and hair color.

Do not include	Hair	Skin	Height	Weight	Bone Structure	Educatio n	Occupati on
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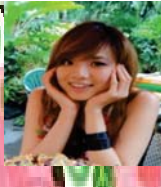
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Donor Data sourced by the Donor Agency

Nick Name: Jessie

half					e		
siblings							
Eye							
Mother	Brown	Brown	Fair	5'5"	Avg	College	Homemaker
Father	Brown	Black	Fair	5'10"	Avg	Masters	CEO
Maternal GM	Brown	Brown	Fair	5'7"	Thin		High School
Maternal GF	Brown	Brown	Fair	6'0"	Avg		High School
Paternal GM	Brown	Brown	Fair	5'5"	Thin	College	Homemaker
Paternal GF	Brown	Brown	Fair	5'9"	Avg	College	Business
GF	Man						
Brother 1	Brown	Brown	Fair	5'11"	Avg	Doctorate	Physician
Brother 2							
Brother 3							
Brother 4							
Sister 1	Brown	Brown	Fair	5'5"	Avg	College	Nurse
Sister 2							
Sister 3							

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Sister 4

Indicate cause of death (do not write "natural"). If unknown, write "unknown".	Age	Cause	Age	Age	Cause
	Died		Living	Died	
Mother	55		Brother(s)	34	
Father	65		Sister(s)	32	
Maternal GM	80		Paternal GM	35	Childbirth(China)
Maternal GF	78	Natural	Paternal GF	67	Fatigue (China)

Carefully review the following list of medical problems and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. Explain any conditions you check below, indicating which side of the family (maternal or paternal), the age at the time of onset, and any other pertinent information. If you and none of your indicated family members have a history of the specific medical condition, please indicate none.

Maternal side has tendency for seasonal allergies.

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

GASTROINTESTINAL

Does your family have any Ulcer, Gallstones, Hepatitis A/B/C, Liver problems, Rectal Disorder, Crohn's Disease/ Inflammatory Bowel Disease? No

METABOLIC/ ENDOCRINE

Does your family have any Diabetes requiring insulin, Diabetes not requiring insulin, childhood diabetes, Thyroid problems, Goiter? No

URINARY

Does your family have Kidney problems, UTI? No

GENITAL/ REPRODUCTIVE

Does your family have any Hermaphroditism/Ambiguous Genitals, Hypospadias or undescended testicle, fibroids, ovarian cysts, PCOS, Pelvic inflammatory disease, endometriosis? No

REPRODUCTIVE OUTCOMES

Does your family have 2 or more miscarriages, stillborn, premature menopause, death or a newborn infant, infertility, premature birth? No

NEUROLOGICAL

Does your family have migraines, mental retardation, mental deterioration before age 50, cerebral palsy, epilepsy/seizures, hydrocephalus, ADD/Hyperactivity, autism, Alzheimer, Parkinson's disease, Huntington's disease, Tourette's? No

MENTAL HEALTH

Does your family have anxiety /panic attacks, anorexia/bulimia, depression, manic depressive/bipolar, suicidal?

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Donor Data sourced by the Donor Agency

Nick Name : Jessie

No

MUSCLE/BONE/JOINTS

Does your family have any muscular dystrophy, dwarfism, osteoporosis, arthritis, brittle bone disease, deformity of spine, Reiter's disease, gout, Lupus? No

SIGHT/SOUND/SMELL

Does your family have any blindness, cataracts before age 50, color blindness, deafness, deformity of ear, deviated septum, glaucoma, severe myopia, retinis pigmentosa? No.
Father had cataracts removed (he is 65 years)

SKIN

Does your family have acne, albinism, eczema, excessive facial hair, pigmentation disorders, psoriasis, neurofibromatosis, has more than 5 coffee/purple spots on the skin? No

CONGENITAL ANOMALIES/BIRTH DEFECTS

Does your family have a cleft lip/palate, congenital hip problems, club foot, Spina Bifida, microcephaly, holoprosencephaly, and other birth defects? No

CHROMOSOMAL ABNORMALITIES

Does your family have any Down Syndrome, Turner's syndrome, Klinefelter's syndrome? No

GENETIC DISORDERS

Does your family have Cri du chat syndrome, Trisomy 18, Trisomy 13, Cystic Fibrosis, and Fragile X? No

OTHER:

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

Alcoholism, Drug abuse or addiction Early childhood/infancy death Learning disorder
Premature degeneration of any organ system Recurring or chronic physical disorder,
other? No

PERSONALITY QUESTIONS

What social clubs, volunteer activities, school activities and professional associations were or are you involved with? Greenpeace and Red Cross.

Have you ever competed in a competitive sport, event or hobby? Yes. I have been in track and swim team. I can paint and do realistic portraits.

What Public Figure(s) or Movie Star(s) (current or past) do you most identify with? Why do you identify

with this Person(s)? I most identify with Tina Fey. She's dorky and self-deprecating. She's intelligent and funny but modest at the same time. She does not take herself too seriously.

Favorite music? I love indie rock and cafe fire.

Favorite Book? The Bible.

Favorite Movie? Blade Runner

Favorite type of food? Anything Japanese.

What is your philosophy of life? Work hard, and be positive. Learn as much as possible and keep improving yourself. Always live for a better life, but be thankful for everything and everyone in your life.

Describe your personality? I am naturally very outgoing and friendly. I am talkative and amicable. I am artistic and always smiling. I make friends easily and like to have new experiences. However I also enjoy being by myself. I do not need to be constantly surrounded by people.

What are your Hobbies? What are you passionate about in life? I love to cook, read, and paint. I am passionate about art, health and philosophy.

What are your personal and professional goals in life? Have you achieved any of these goals?

My professional goals are to work in medicine. I was previously pre-med and took the requirements.

However 2 of my siblings are already doctors- one is an OB/GYN and the other is a plastic surgeon, so I

chose to pursue art. I am working on gallery work right now, and I have my own small business selling

cupcakes. I have previously had my work in galleries, but I want to open my own gallery one day.

Why are you considering becoming an Egg Donor? I think it will be wonderful to help other couples. I think it will be something that I can be proud of doing.

Is there anything you would like to share with the Intended Parents? I was a very curious and outgoing child. I was not shy or inverted. When I was growing up, I was always the

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Donor Data sourced by the Donor Agency

Nick Name: Jessie

intelligent and charming 'teacher's pet'. It might sound vain, but I knew my teachers liked me. It motivated me to study harder to be the best. I pretty much got straight A's up until high school. Even now, I do not find studying hard. I was always loved to read and draw. As a kid I could read 5-10 books. Since I could remember I would draw in my books and doodle on the walls. I had a big imagination as a kid. I was very girly and loved to dress up myself and my dogs. I am still that kid at heart.

How Did You Hear About Us? Referral

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DONOR Applicant Nick Name Jessie

Interview by DF