



Messege to the Potential Couple

**YD-709-GB-amber**

所在国家	美国
籍贯	美国
出生或年龄	29岁
身高	5'5(英文单位i)
体重	123LBS
血型	A
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

制作  
2014.03.19  
L\_Jie

622 FORM  
DNAP Profile

DAP YUlane.org  
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by GB

DONOR Applicant Nick Name amber

TODAY 14-3-16

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2014.03.19  
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622 FORM  
DNAP Profile

DAP YUlane.org  
Donor Assessment Program



Add Row				
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Interview by GB

DONOR Applicant Nick Name amber



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

<b>Name:</b> ., .	amber., .
<b>Middle Name:</b> ., .	., .
<b>City:</b> ., .	los angeles., .
<b>State:</b> ., .	California., .
<b>Donor Id:</b> ., .	1700., .
<b>Ethnicity:</b> ., .	Asian., .
<b>Maternal Heritage:</b> ., .	Korean., .
<b>Paternal Heritage:</b> ., .	Korean., .
<b>Date of Birth:</b> ., .	3/16/1985., .
<b>Marital Status:</b> ., .	Single., .
<b>Blood Type:</b> ., .	A +ve., .
<b>Have you ever been arrested?</b> ., .	No., .
<b>Comments:</b> ., .	Amber is a College Graduate. She is outgoing, smart, and confident. She is a runner who enjoys the outdoors., .
<b>Religious Affiliation:</b> ., .	Christian., .
<b>Exact Height:</b> ., .	5'5", ., .
<b>Weight:</b> ., .	123., .
<b>Body Type:</b> ., .	Medium., .
<b>Natural Hair Color:</b> ., .	Black., .
<b>Hair Texture:</b> ., .	., .
<b>Eye Color:</b> ., .	Brown., .
<b>Complexion:</b> ., .	Medium., .
<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> ., .	math., .
<b>Do you have any artistic abilities? Please list:</b> ., .	., .
<b>Do you have any athletic abilities? Please list:</b> ., .	running., .
<b>What was your college major?</b> ., .	., .
<b>If you have over a 3.8 GPA, went to (or</b> ., .	No., .

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Nick Name:amber.,.

are going to) an exceptional University, received academic scholarships, or have above a Bachelors degree, please check this box:.,.	
What is your current occupation?.,.	student.,.
What were your previous occupations?.,.	.,.
Please describe your personality:.,.	bright and outgoing.,.
Are you right or left handed?.,.	Right.,.
What is your favorite color?.,.	blue and green.,.
What is your favorite food?.,.	cold noodle.,.
Do you consider yourself introverted or extroverted?.,.	Extroverted.,.
Who do you live with?.,.	alone.,.
Do you have a significant other? If so, tell us how you met:.,.	.,.
What are your hobbies?.,.	every outdoor activity.,.
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?.,.	Guam.,.
What would you say is your biggest talent?.,.	always confident.,.
Reason for becoming a donor:.,.	I can help other person who suffer.,.
Anything we have not asked?.,.	.,.
How long have you been thinking about it?.,.	over 3yrs.,.
Being a donor is a big responsibility. It requires going to several doctor's appointments, taking	yes.,.

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Nick Name:amber..

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? ..	
How do your friends and family feel about your decision? ..	They support my decision..
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? ..	No..
..	..
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)? ..	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 parent(s)? ..	No..
..	..

**FAMILY LIFE** ..

What were you like as a child? ..	..
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Nick Name: amber.

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: .	. .

**FAMILY GENETIC HISTORY .**

Family Member .	Height .	Eye Color .	Hair Color .	Education Level .	Deceased .	Occupation .
Father: .	NA .	NA .	NA .	NA .	NA .	NA .
Mother: .	NA .	NA .	NA .	NA .	NA .	NA .
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? .	no sexual activity last 2 yrs .

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Nick Name:amber.

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 type="radio"/> Yes * <input checked="" 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.

**FAMILY MEDICAL HISTORY .**

Following Diseases has occurred in a family and explain: .

Disease .	To Who m .	Passed Away .	Age of onset/Medication .	Age at the time of passing .
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 .

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Donor Data sourced by the Donor Agency .:

Nick Name:amber.:

Miscarriages, still births, or neonatal deaths:.	NA.:	NA.:	NA.:	NA.:
High blood pressure, heart attacks or strokes:	NA.:	NA.:	NA.:	NA.:
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.:

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Donor Data sourced by the Donor Agency .:

Nick Name: amber.:

<b>ADD or ADHD:</b> .:	NA.:	NA.:	NA.:	NA.:
.:				
<b>Age related causes:</b> .:	NA.:	NA.:	NA.:	NA.:
.:				
<b>Any history of kidney problems / diseases:</b> .:	NA.:	NA.:	NA.:	NA.:
.:				
<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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