



"When you choose HOPE, anything is possible"
- Christopher Reeve

Donor #: KW - 0010318

General:

Race Group:	Colored
Height:	1.73m
Date of Birth:	26 December 1997
Hair Colour (as a Child):	Black
Hair Colour (as an Adult):	Black
Hair texture (as a Child):	Not Specified
Eye Colour:	Dark brown
Face Shape:	Semi oval
Nose Shape:	Not Specified
Other Physical Information (Build and other physical traits):	Not Specified
Blood group:	O+
Do you have children:	No
Skin Complexion:	Fair complexion
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	Breast Size D, Size 6 shoe.
Are you left handed or right handed?	Right handed
Are you a twin?	No
Are you adopted?	No
Are you a smoker?	No
Alcohol consumption per week?	None
Do you wear glasses?	Reading glasses
What language(s) do you speak?	English Afrikaans
Relationship Status?	Single
In which town and province do you live?	Cape town, Western Cape
Preferred town that you wish to donate in?	Doesn't matter
Would you consider donating in Cape Town & Johannesburg if travel costs are covered?	Yes
About you (profession, interests, type of person):	I am passionate about helping people and animals in every way I can.
Personal message to egg donation recipient:	I want to bring you Hope.

Professional and Academic Info:

Highest grade achieved at school?	12
Do you have Post Matric qualifications?	N/A
What is the name of any course / degree completed?	Basic life support course

Behavioural Traits:

What is most important in life to you?	To live life with gratitude...and mostly respect
What are your views on religion and spirituality?	As a individual we all know who we serve and we all still Gods creations
Are you more introverted or extroverted?	Bit of both
Would you prefer to read the book or watch the movie?	Read a book
Are you musical or played any musical instruments?	No
Do you prefer indoors or outdoors?	Indoors
Are you more creative or analytical?	Analytical
Have you donated eggs before?	No

Medical History:

Any physical handicaps or deformities?	No
Do you have a history of Asthma?	No
Please indicate if you have any allergies?	No
Have you or your family members had any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:	No
Have you or your family members had any cancer?	No
Have you or your family members had any heart problems?	No
Have you or your family members ever suffered from/ currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid haemophilia, blood clotting, paralysis and porphyria?	Cholesterol and kidney renal failure
Have you or your family members had any mental or psychological diseases/ learning disorders including but not limited to genetic depression, bi polar, psychiatric illness etc. Please elaborate and indicate if genetic:	No
Do you or your family members have any genetic diseases or are you or your family member a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis and sickle cell?	No
Please indicate if any twins in your family?	No
Are there any fertility problems in your family?	No
Does anyone if your family suffer from Alcoholism or Substance Abuse?	No

Information of Parents:

Country of Origin and Ancestry for Mother and Father?	South africa
Language spoken for Mother and Father?	Afrikaans
Race for Mother and Father?	Coloured
Natural Hair colour for Mother and Father?	Mother light brown, Father black hair
Eye colour for Mother and Father?	Mother fair, Father brown
Height for Mother and Father?	Not Specified
Are your parents still alive?	Yes
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	Mom 57 dad 54
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents?	Colored

Declaration:

I confirm that I have made myself available as an egg donor Hope Egg Donation Agency. I declare that the above information is true and correct, all information provided is correct and pictures are all of me. I agree to keep the agency updated with the donor program (screening, blood tests, scans, egg retrieval). I agree that I will be prescribed medication to potentially synchronise my menstrual cycle with that of the recipients and will be given hormones in a controlled environment by professional fertility specialists to stimulate donor egg development.

I agree to participate as required as recipient couples often have to travel in order to participate in the egg donation program and would have incurred considerable financial and emotional costs. I consent to participate in the Hope Egg Donation Program and participate as required and understand the concept of anonymous egg donation and claim no further rights over any child(ren) conceived of egg donation.

Do you agree with the above declaration?

Yes

Photographs and Additional Info:

