



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

Donor #: AB - 0020117

General:

Race Group:	White
Height:	1.73m
Date of Birth:	27 March 1989
Hair Colour (as a Child):	Light brown
Hair Colour (as an Adult):	Dark brown
Hair texture (as a Child):	Curly
Eye Colour:	Green-Blue
Face Shape:	Oval
Nose Shape:	Normal
Other Physical Information (Build and other physical traits):	Normal
Blood group:	O+
Do you have children:	Yes, 2
Skin Complexion:	Medium
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	34b, Size 6 shoe
Are you left handed or right handed?	Right Handed
Are you a twin?	No
Are you adopted?	Yes
Are you a smoker?	No
Alcohol consumption per week?	None
Do you wear glasses?	No
What language(s) do you speak?	Afrikaans, English
Relationship Status?	Married
In which town and province do you live?	Port Elizabeth, Eastern Cape
Preferred town that you wish to donate in?	Port Elizabeth
Would you consider donating in Cape Town & Johannesburg if travel costs are covered?	Possibly
About you (profession, interests, type of person):	Registered nurse in nicu. Love family, being outdoors when weather is good
Personal message to egg donation recipient:	I cannot imagine life without my kids if this is what you want try every thing you can to feel the joy and love a child brings

Professional and Academic Info:

Highest grade achieved at school?	Matric
Do you have Post Matric qualifications?	Yes
What is the name of any course / degree completed?	BCur degree in nursing. Post graduate diploma in nursing education

Behavioural Traits:

What is most important in life to you?	Family
What are your views on religion and spirituality?	Christian
Are you more introverted or extroverted?	Introverted
Would you prefer to read the book or watch the movie?	Movie
Are you musical or played any musical instruments?	Yes piano and alt flute
Do you prefer indoors or outdoors?	Outdoors
Are you more creative or analytical?	Both
Have you donated eggs before?	No

Medical History:

Any physical handicaps or deformities?	No
Do you have a history of Asthma?	Yes, as child
Please indicate if you have any allergies?	Sensitive to aspirin
Have you or your family members had any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:	Eczema
Have you or your family members had any cancer?	No
Have you or your family members had any heart problems?	Father had heart attack stent inserted in 2008
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?	No
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?	Not that I know of
Please indicate if any twins in your family?	No
Are there any fertility problems in your family?	Mom could not have children-hence adopted
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?	White
Natural Hair colour for Mother and Father?	Blonde-brown
Eye colour for Mother and Father?	Blue - green
Height for Mother and Father?	Mother 1.74m father 1.82m
Are your parents still alive?	Yes
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	Both 59 yrs old
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents?	White

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
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Photographs and Additional Info:

