



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

Donor #: AN - 0010218

**General:**

Race Group:	African
Height:	1.60m
Date of Birth:	21 June 1995
Hair Colour (as a Child):	Black
Hair Colour (as an Adult):	Brownish
Hair texture (as a Child):	Soft and curly
Eye Colour:	Brown
Face Shape:	Round
Nose Shape:	Round
Other Physical Information (Build and other physical traits):	Long eye lashes
Blood group:	B
Do you have children:	Yes
Skin Complexion:	Light Skin
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	Shoe size 5
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?	No
What language(s) do you speak?	Xhosa
Relationship Status?	Single
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?	Yes
About you (profession, interests, type of person):	I am a Post Graduate student at NMMU. I'm full figured and have long eye lashes.
Personal message to egg donation recipient:	I hope you stay strong, and your wish of having a family will be fulfilled.

## 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?	Management majoring in finance

## Behavioural Traits:

What is most important in life to you?	My family and career
What are your views on religion and spirituality?	No one should be judged based on their religion
Are you more introverted or extroverted?	Introverted
Would you prefer to read the book or watch the movie?	Watch a movie
Are you musical or played any musical instruments?	No
Do you prefer indoors or outdoors?	Indoors
Are you more creative or analytical?	Creative
Have you donated eggs before?	Yes

## 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?	Grandmother has blood pressure
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?	My grandfather was a twin
Are there any fertility problems in your family?	No
Does anyone in 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?	Xhosa
Race for Mother and Father?	Both Black
Natural Hair colour for Mother and Father?	Black
Eye colour for Mother and Father?	Both and Brown
Height for Mother and Father?	1.3 and 1.7
Are your parents still alive?	Father passed away
If deceased, cause of death?	Was attacked, cause of death head injuries
Age (if living, or age deceased)?	42
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents?	N/A

## 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:

