



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

Donor #: CN - 0010817

**General:**

Race Group:	Black African
Height:	1.5m
Date of Birth:	17 February 1987
Hair Colour (as a Child):	Black
Hair Colour (as an Adult):	Black
Hair texture (as a Child):	Ethnic
Eye Colour:	Brown
Face Shape:	Oval
Nose Shape:	Round
Other Physical Information (Build and other physical traits):	Hour-glass shape, firm and fit body structure
Blood group:	Unsure
Do you have children:	Yes
Skin Complexion:	Medium Caramel
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	Size 6, 32B, Defined molar Beauty mark on face, thick lips
Are you left handed or right handed?	Right Handed
Are you a twin?	No
Are you adopted?	No
Are you a smoker?	Occasionally
Alcohol consumption per week?	1 glass not weekly
Do you wear glasses?	Reading glasses
What language(s) do you speak?	Xhosa
Relationship Status?	Single
In which town and province do you live?	Port Elizabeth
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):	Catering Supervisor at Comair, blogger, writer, beauty interests and skin cosmopolity, health and fitness and home chef
Personal message to egg donation recipient:	To be a blessing is the ultimate call Christ has ordained all of us. I hope to bless and enrich a family deserving to raise a special child

## Professional and Academic Info:

Highest grade achieved at school?	12 plus Diploma
Do you have Post Matric qualifications?	Yes
What is the name of any course / degree completed?	Public Relations

## Behavioural Traits:

What is most important in life to you?	God, Family, To be humble and leave behind a legacy
What are your views on religion and spirituality?	Strong belief in Christianity and spiritual personal relationship with Christ on every area of life
Are you more introverted or extroverted?	Introvert
Would you prefer to read the book or watch the movie?	Movie
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?	Yes

## Medical History:

Any physical handicaps or deformities?	No
Do you have a history of Asthma?	No
Please indicate if you have any allergies?	None
Have you or your family members had any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:	Eczma
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?	High 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:	None
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 in your family suffer from Alcoholism or Substance Abuse?	No

## Information of Parents:

Country of Origin and Ancestry for Mother and Father?	South African
Language spoken for Mother and Father?	Xhosa
Race for Mother and Father?	Black African
Natural Hair colour for Mother and Father?	Black
Eye colour for Mother and Father?	Brown
Height for Mother and Father?	1.4 and 1.75
Are your parents still alive?	Yes
If deceased, cause of death?	No
Age (if living, or age deceased)?	46 and 50
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents?	No

## 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:

