



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

Donor #: CR - 0010417

General:

Race Group:	White
Height:	1,62m
Date of Birth:	26 August 1994
Hair Colour (as a Child):	Blonde
Hair Colour (as an Adult):	Brown
Hair texture (as a Child):	Straight
Eye Colour:	Brown
Face Shape:	Round
Nose Shape:	Button, Small
Other Physical Information (Build and other physical traits):	Muscular
Blood group:	Unsure
Do you have children:	No
Skin Complexion:	Fair
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	36A, size 7, no dimples
Are you left handed or right handed?	Ambidextrous
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?	English and Afrikaans
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 an entrepreneur, business owner, creative, serious and outgoing, also open minded and above average IQ
Personal message to egg donation recipient:	I want to give you Hope!

Professional and Academic Info:

Highest grade achieved at school?	Matrix - NSC
Do you have Post Matric qualifications?	International Diploma
What is the name of any course / degree completed?	Various Massage courses and Beauty Therapies

Behavioural Traits:

What is most important in life to you?	Family
What are your views on religion and spirituality?	Very spiritual, not religious but do respect other cultures and their religious views
Are you more introverted or extroverted?	Introvert
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?	Outdoors
Are you more creative or analytical?	Creative
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?	Liquorice, very odd allergy
Have you or your family members had any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:	None
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?	Father suffers from high blood pressure, mother suffers from cholesterol and thyroid issues due to hormonal treatment
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:	Gran suffered from Alzheimer's before she passed away at 83
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'm aware of
Please indicate if any twins in your family?	My father is an identical twin
Are there any fertility problems in your family?	No, very big family
Does anyone in your family suffer from Alcoholism or Substance Abuse?	Non drinkers and non smokers

Information of Parents:

Country of Origin and Ancestry for Mother and Father?	Both from South Africa
Language spoken for Mother and Father?	English and Afrikaans for both
Race for Mother and Father?	Both white
Natural Hair colour for Mother and Father?	Mother is Brown, Father is Black
Eye colour for Mother and Father?	Father Brown eyes, Mother Blue eyes
Height for Mother and Father?	Not sure
Are your parents still alive?	Yes
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	Father is 52, mother is 48
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:

