



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

Donor #: CS - 0010618

General:

Race Group:	White
Height:	1.68m
Date of Birth:	11 June 1994
Hair Colour (as a Child):	Blonde
Hair Colour (as an Adult):	Blonde
Hair texture (as a Child):	Wavy
Eye Colour:	Grey-green
Face Shape:	Oval
Nose Shape:	Narrow
Other Physical Information (Build and other physical traits):	Slender, petite figure but fairly tall
Blood group:	Unsure
Do you have children:	No
Skin Complexion:	Light
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	36B, 6/7 shoe size, dimples
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?	Yes
What language(s) do you speak?	English, Afrikaans, isiXhosa
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 primary school teacher. I absolutely love children and going on adventures. I love the outdoors. I always put others before myself and I am a very caring person. Family is very important to me.
Personal message to egg donation recipient:	I hope that I can help make your dream of having a family of your own a reality. I am committed, and won't back out. My word is my word.

Professional and Academic Info:

Highest grade achieved at school?	12
Do you have Post Matric qualifications?	Yes
What is the name of any course / degree completed?	BEd Intermediate Phase: Science and Mathematics

Behavioural Traits:

What is most important in life to you?	Family
What are your views on religion and spirituality?	I am a Christian woman
Are you more introverted or extroverted?	Extroverted
Would you prefer to read the book or watch the movie?	Read the book
Are you musical or played any musical instruments?	No but I love music
Do you prefer indoors or outdoors?	Outdoors
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?	None
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?	No
Have you or your family members had any mental or psychological diseases/ learning disorders including but not limited to genetic depression, bipolar, 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?	Yes. Cousins
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?	English
Race for Mother and Father?	White
Natural Hair colour for Mother and Father?	Brown
Eye colour for Mother and Father?	Brown
Height for Mother and Father?	1.59m and 1.77m
Are your parents still alive?	Yes
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	49 and 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:



