



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

Donor #: LG - 0010317

General:

Race Group:	White
Height:	1.60m
Date of Birth:	11 April 1991
Hair Colour (as a Child):	Dark Brown
Hair Colour (as an Adult):	Dark Brown
Hair texture (as a Child):	Straight
Eye Colour:	Blue
Face Shape:	Roundish
Nose Shape:	Small
Other Physical Information (Build and other physical traits):	Not Specified
Blood group:	O+
Do you have children:	No
Skin Complexion:	Medium to Fair
Other defining traits such as breast cup, size shoe size, freckles, dimples etc	34C, size 4/5, a few freckles as a child
Are you left handed or right handed?	Right handed
Are you a twin?	No
Are you adopted?	Yes
Are you a smoker?	Yes, under 10 cigarettes/day
Alcohol consumption per week?	3-4 drinks (Not every week)
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?	Eastern Cape, 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, only in December when on annual leave.
About you (profession, interests, type of person):	Sales executive, interested in fitness/sports, reading/news, I am an outgoing extrovert.
Personal message to egg donation recipient:	I am not ready to have my own children due to my relationship status, and the fact that I am career-driven. Therefore, I feel I am able to assist a lovely couple who are unable to conceive, to be able to start their beautiful family.

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?	National diploma - Logistics Management

Behavioural Traits:

What is most important in life to you?	My family (Parents & siblings)
What are your views on religion and spirituality?	I am a Christian
Are you more introverted or extroverted?	Extrovert
Would you prefer to read the book or watch the movie?	Read a book
Are you musical or played any musical instruments?	No
Do you prefer indoors or outdoors?	Both. 50/50, weather depending.
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?	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?	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?	No
Please indicate if any twins in your family?	Unsure
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?	Afrikaans
Race for Mother and Father?	White
Natural Hair colour for Mother and Father?	Blonde
Eye colour for Mother and Father?	Brown
Height for Mother and Father?	Unsure
Are your parents still alive?	Unsure
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	Mother 48; Father 52
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

Photographs and Additional Info:

