

Donor #: TN - 0011216

General:

Race Group:	African
Height:	1.72m
Date of Birth:	03 February 1993
Hair Colour (as a Child):	Brown
Hair Colour (as an Adult):	Brown
Hair texture (as a Child):	Straight and Thick
Eye Colour:	Brown
Face Shape:	Oval
Nose Shape:	Flat
Other Physical Information (Build and other physical traits):	Well physically built
Blood group:	B+
Do you have children:	Yes
Skin Complexion:	Light
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	Dimples, shoe size 6, breast cup D
Are you left handed or right handed?	Left handed
Are you a twin?	No
Are you adopted?	No
Are you a smoker?	No
Alcohol consumption per week?	Occasional drinker
Do you wear glasses?	No
What language(s) do you speak?	English, Xhosa, Zulu 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 a logistics coordinator. I enjoy reading and I'm extroverted. Family is very important to me.
Personal message to egg donation recipient:	I would love to give you the gift of life.

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?	Ndip Logistics

Behavioural Traits:

What is most important in life to you?	Family
What are your views on religion and spirituality?	Christian
Are you more introverted or extroverted?	Extroverted
Would you prefer to read the book or watch the movie?	Book
Are you musical or played any musical instruments?	Very musical
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?	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?	Yes. My mother is a twin
Are there any fertility problems in your family?	No
Does anyone in your family suffer from Alcoholism or Substance Abuse?	None

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?	African
Natural Hair colour for Mother and Father?	Both brown
Eye colour for Mother and Father?	Both brown
Height for Mother and Father?	Mom 1.65m Dad 1.58m
Are your parents still alive?	Yes
If deceased, cause of death?	None
Age (if living, or age deceased)?	Mom 52 Dad 55
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents?	Same

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:

