



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

Donor #: TS - 0010617

General:

Race Group:	Coloured
Height:	1,58m
Date of Birth:	07 July 1998
Hair Colour (as a Child):	Dark brown
Hair Colour (as an Adult):	Dark brown
Hair texture (as a Child):	Fine, Straight
Eye Colour:	Dark brown
Face Shape:	Oval
Nose Shape:	Smallish
Other Physical Information (Build and other physical traits):	Not Specified
Blood group:	O+
Do you have children:	No
Skin Complexion:	Fair
Other defining traits such as breast cup, size shoe size, freckles, dimples, etc.	32D , size 5 , face freckles and lower back 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?	1 cider per week / roughly 3/4 a month
Do you wear glasses?	Yes
What language(s) do you speak?	English
Relationship Status?	Not Specified
In which town and province do you live?	Durban
Preferred town that you wish to donate in?	Durban
Would you consider donating in Cape Town & Johannesburg if travel costs are covered?	No
About you (profession, interests, type of person):	Photography student , extremely musical
Personal message to egg donation recipient:	I want to bring you Hope!

Professional and Academic Info:

Highest grade achieved at school?	Matric
-----------------------------------	--------

Do you have Post Matric qualifications?	No
What is the name of any course / degree completed?	N/A

Behavioural Traits:

What is most important in life to you?	God and family
What are your views on religion and spirituality?	Roman Catholic
Are you more introverted or extroverted?	Extrovert
Would you prefer to read the book or watch the movie?	Movie
Are you musical or played any musical instruments?	I am musical. I sing in choir
Do you prefer indoors or outdoors?	Both
Are you more creative or analytical?	A bit of both
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:	Acne
Have you or your family members had any cancer?	Gran
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?	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?	Swaziland and South Africa
Language spoken for Mother and Father?	English and Portuguese

Race for Mother and Father?	Coloured
Natural Hair colour for Mother and Father?	Black
Eye colour for Mother and Father?	Dark brown
Height for Mother and Father?	1,56cm , 1,75cm
Are your parents still alive?	Yes
If deceased, cause of death?	N/A
Age (if living, or age deceased)?	52 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?	Maternal grandparents - grandfather is half white and half coloured , grandmother is coloured

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:

