

制作
 2014.03.19
 L_Jie

622 FORM
 SNAP Profile



Messege to the Potential Couple

YD-711-GB-Jane

所在国家	美国
籍贯	美国
出生或年龄	23岁
身高	5'3(英文单位i)
体重	95LBS
血型	O
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否



Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年3月份



With Family Members



With Family Members

TODAY 14-3-16

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2014.03.19
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DNAP Profile

DAP YU Jane.org
Donor Assessment Program



Additional 1	2	3	4
Additional 5	6	7	8
Additional 9	10	11	12

Profiles Presentation Lu Jie

Interview by GB

DONOR Applicant Nick Name Jane


TODAY 14-3-16

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2014.03.19
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DNAP Profile

DAP YUJane.org
Donor Assessment Program



Add Row				
X				

本捐卵档案合计页为 9页

Profiles Presentation Lu Jie Page 3

Interview by GB

DONOR Applicant Nick Name Jane

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2014.03.19
L_jie



Donor Data sourced by the Donor Agency ..

Nick Name: Jane.

Name:.	Jane.
Middle Name:.	.
City:.	valencia.
State:.	California.
Donor Id:.	1730.
Ethnicity:.	Asian.
Maternal Heritage:.	Korean.
Paternal Heritage:.	Korean.
Date of Birth:.	3/30/1991.
Marital Status:.	Single.
Blood Type:.	O +ve.
Have you ever been arrested?.	No.
Comments:.	Jane.
Religious Affiliation:.	None.
Exact Height:.	5'3".
Weight:.	95.
Body Type:.	Medium.
Natural Hair Color:.	Black.
Hair Texture:.	.
Eye Color:.	Brown.
Complexion:.	NA.
High School GPA:.	a,b.
SAT:.	.
ACT:.	.
What was your college GPA?.	.
What degrees do you hold?.	College Graduate.
Please list any / all awards, honors or scholarships you have won:.	.
Do you speak any other languages?.	Yes.
What was your favorite subject in school and why?.	history.
Do you have any artistic abilities? Please list:.	piano, art.
Do you have any athletic abilities? Please list:.	ballet.
What was your college major?.	hotel management.
If you have over a 3.8 GPA, went to (or are going to) an exceptional University, received academic scholarships, or have above a Bachelors degree, please check this box:.	No.
What is your current occupation?.	.

本捐卵档案合计页为 9 页

resentation Lu Jie Page 4



Donor Data sourced by the Donor Agency .,

Nick Name: Jane .,

Please describe your personality: .,	.,
Are you right or left handed? .,	Right .,
What is your favorite color? .,	pink .,
What is your favorite food? .,	all kind .,
Do you consider yourself introverted or extroverted? .,	introverted .,
Who do you live with? .,	.,
Do you have a significant other? If so, tell us how you met: .,	.,
What are your hobbies? .,	Watching movie and reading a book. and having a conversations with my mom. .,
Describe your perfect day: .,	.,
Who is your hero and why? .,	.,
If Steven Spielberg were filming a movie about your life, + what famous actress would play you and why? .,	.,
What would you say is your biggest accomplishment in your life thus far? .,	.,
What do you hope to accomplish in your life in years to come? .,	.,
If you could meet anyone in the world, who would it be and why? .,	.,
Tell us about your most favorite vacation: .,	.,
If you could travel anywhere, where would it be and why? .,	.,
What would you say is your biggest talent? .,	.,
Reason for becoming a donor: .,	i have known one of my mom's friend who can't get a baby over 15 years. i am really felt sorry for that. i want to help them like them. .,
Anything we have not asked? +	.,

本捐卵档案合计页为 9 页

制作
2014.03.19
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Donor Data sourced by the Donor Agency ..
Nick Name: Jane ..

FAMILY LIFE ..

What were you like as a child? ..	i grew up with my parents love ..
What were you like as a teenager? ..	i was normal kid ..
Where did you grow up? ..	los angeles and valencia ..
How would you describe your family life as you were growing up? ..	my dad and mom worked really hard but always they lived for our family. they think that family is most important thing ..
Do you have any siblings? If so, tell us about each of them: ..	one younger brother. he is smart. he can do his best everything in his life ..
Do you have any children? If so, tell us about each of them: ..	

FAMILY GENETIC HISTORY ..

Family Member ..	Height ..	Eye Color ..	Hair Color ..	Education Level ..	Deceased ..	Occupation ..
Father: ..	NA ..	NA ..	NA ..	College Graduate ..	No ..	company ..
Mother: ..	NA ..	NA ..	NA ..	College Graduate ..	No ..	nurse ..
Paternal Grandmother: ..	NA ..	NA ..	NA ..	College Graduate ..	No ..	business ..
Paternal Grandfather: ..	NA ..	NA ..	NA ..	High School ..	No ..	business ..
Maternal Grandmother: ..	NA ..	NA ..	NA ..	High School ..	No ..	clinic ..
Maternal Grandfather: ..	NA ..	NA ..	NA ..	High School ..	Yes ..	business ..
Sibling 1: Brother ..	NA ..	NA ..	NA ..	High School ..	No ..	student ..

本捐卵档案合计页为 9 页



Donor Data sourced by the Donor Agency .,

Nick Name: Jane .,

Sibling 2: NA.	NA.	NA.	NA.	NA.	NA.	NA.
Sibling 3: NA.	NA.	NA.	NA.	NA.	NA.	NA.
PERSONAL HEALTH HISTORY: .,						
Any past or current medical problems? If so, please list: .,					No. .,	
Have you ever been pregnant? If so, how many times and what was the outcome? .,					No. .,	
Have you ever been a donor before? If so, did a pregnancy occur? .,					No. .,	
What kind of birth control are you on? .,					none. .,	
Do you drink alcohol? If so, how many drinks a week? .,					No. .,	
Are you currently taking medication? .,					<input type="radio"/> Yes * <input type="radio"/> No	
Do you smoke? .,					<input type="radio"/> Yes * <input type="radio"/> No	
Are you taking any recreational drugs? .,					<input type="radio"/> Yes * <input type="radio"/> No	
Are your cycles regular? .,					* <input type="radio"/> Yes <input type="radio"/> No	

FAMILY MEDICAL HISTORY .,

Following Diseases has occurred in a family and explain: .,

Disease. .,	To Who m. .,	Passes d Away. .,	Age of onset/Medicatio n. .,	Age at the time of passin g. .,
Cancer: .,	NA. .,	NA. .,	NA. .,	NA. .,
Mental retardation: .,	NA. .,	NA. .,	NA. .,	NA. .,
Autism/Aspergers :. .,	NA. .,	NA. .,	NA. .,	NA. .,
Physical malformations: .,	NA. .,	NA. .,	NA. .,	NA. .,

本捐卵档案合计页为 9 页

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Donor Data sourced by the Donor Agency :)

Nick Name: Jane

Paralysis or crippling disorders:	NA	NA	NA	NA
Alcoholism:	NA	NA	NA	NA
Cystic fibrosis:	NA	NA	NA	NA
Sickle cell anemia:	NA	NA	NA	NA
Lupus:	NA	NA	NA	NA
Miscarriages, still births, or neonatal deaths:	NA	NA	NA	NA
High blood pressure, heart attacks or strokes:	NA	NA	NA	NA
Memory loss or dementia:	NA	NA	NA	NA
Osteoporosis:	NA	NA	NA	NA
Arthritis:	NA	NA	NA	NA
Allergies:	NA	NA	NA	NA
Blood disease:	NA	NA	NA	NA
Diabetes (Specify Type I or Type 2):	NA	NA	NA	NA
Thyroid issues:	NA	NA	NA	NA
Learning disabilities:	NA	NA	NA	NA

本捐卵档案合计页为 9 页

制作
2014.03.19
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Donor Data sourced by the Donor Agency .:

Nick Name: Jane .:

Seizures or epilepsy: .:	NA .:	NA .:	NA .:	NA .:
Depression: .:	NA .:	NA .:	NA .:	NA .:
Panic attacks: .:	NA .:	NA .:	NA .:	NA .:
Schizophrenia: .:	NA .:	NA .:	NA .:	NA .:
Bipolar: .:	NA .:	NA .:	NA .:	NA .:
ADD or ADHD: .:	NA .:	NA .:	NA .:	NA .:
Age related causes: .:	NA .:	NA .:	NA .:	NA .:
Any history of kidney problems / diseases: .:	NA .:	NA .:	NA .:	NA .:
Reproductive Problems: i.e. Endometriosis, hysterectomies, late-term miscarriages, etc.:	NA .:	NA .:	NA .:	NA .:
Vision/sight/eye Problems: .:	NA .:	NA .:	NA .:	NA .:
Other (any medical issues we've not listed above please explain here): .:				

本捐卵档案合计页为 9 页