



Messege to the Potential Couple

YD-672-PG-Benny

所在国家	美国
籍贯	美国
出生或年龄	25岁
身高	5'(5英文单位i)
体重	110LBS
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1月份



With Family Members



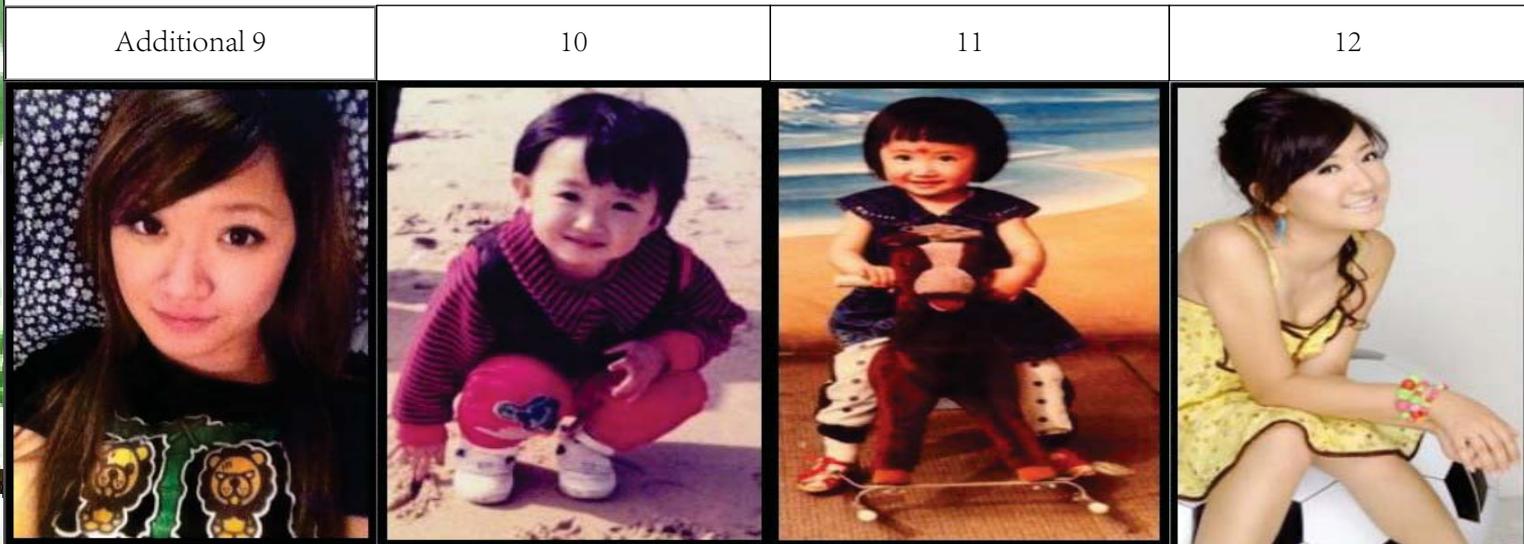
With Family Members

TODAY 14-1-23

制作
2014.01.23
L_jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Profiles Presentation Lu Jie

Interview by PG

DONOR Applicant Nick Name Benny

TODAY 14-1-23

制作
2014.01.23
L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



Add Row				
X				

本捐卵档案合计页为 19页

Profiles Presentation Lu Jie Page 3

Interview by PG

DONOR Applicant Nick Name Benny



Donor Data sourced by the Donor Agency

Nick Name: Benny

Height: 5' 5"

Weight: 110lbs

Natural Hair Color: Black
Straight, Fine, Medium
thickness

Natural Eye Color: Brown

Ethnicity: Asian
Mom-Chinese

Dad-Chinese

DOB: 05/10/1989

Age: 23

Occupation: Student, Model

Education: Currently in college, pursuing a degree in Advertising Design with a
completed Associates in Art with a 3.5 GPA

GPA: 3.7

Academic Strengths: Math and Art

Artistic Talent: Painting, Designing and Photography Athletic Skills /Sports: Running,
Gymnastics, yoga and Zumba Musical Talent: Guitar, Piano and Guzheng

本捐卵档案合计页为 19页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 8

Please note that the remaining portion of this application will be shared and viewed by recipients.

PHYSICAL CHARACTERISTICS
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Are you adopted? Yes No Blood Type if known: A

Height: 5'5 Weight: 110

Recent weight loss/gain? Yes No If yes, _____ lbs (specify amount)

What was your weight at age 21? 110

Please circle responses that best describe you below:

Right Handed Left Handed Ambidextrous

Bone Structure: Small Medium Large Very Large

Complexion: Very Fair Fair Medium Olive Light Brown Dark Brown Ebony

Tan ability: None Slight Medium Freckle

Skin Condition: Oily Medium Dry Combination Displeas? Yes No

Eye Color: Blue Brown Lt. Brown Dark Brown Green Hazel

Eye set: Narrow Average Wide Eye Size: Small Average Large Shape: Round Almond

Natural Hair Color: Black Light Blonde Medium Blonde Dark Blonde Light Brown Medium Brown Dark Brown Red

Hair Type: Curly Wavy Straight Hair Texture: Fine Medium Coarse Fullness: Thin Medium Thick

Baldness: Yes No Baldness in Family: Yes No

Premature Graying: Yes No If yes, at what age _____

Body and Facial Features: Small Medium Large

Condition of your teeth: Poor Fair Good Excellent

Have you had any periodontal or orthodontic work? Yes No If yes, at what age? _____

Hearing (without corrective aids): Poor Fair Good Excellent

Vision (without corrective lenses): Poor Fair Good Excellent Prescription (if known): -0.75

FORM TITLE: Donor Application Form	REVISION: 3/98
FORM NUMBER:	EXPIRES DATE:

本档案合计页为 19 页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 5

PERSONAL HEALTH HISTORY
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Do you wear glasses or contacts or have you had laser surgery? Yes No
If yes, are/were you: Nearighted Farsighted Other (specify): _____

Do you have astigmatism (blurred vision due to an irregularity in the curvature of the cornea)? Yes No
If yes, eye diagnosed: Yes

Do you have any Allergies? Yes No
If yes, are they to: Food(s) Medication(s) Environmental Latex

Please list any childhood allergies that you have outgrown: N/A

For each medication allergy, describe specific substance and reaction(s) and age first noticed:

Substance: _____ Reaction(s): _____ Age: _____
Substance: _____ Reaction(s): _____ Age: _____
Substance: _____ Reaction(s): _____ Age: _____

SOCIAL HISTORY AND HABITS
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Religion Born Into: Buddhism Religion Practiced: _____

Grade Point Average (GPA): 3.7 SAT Scores: Verbal _____ Math _____ ACT Score: _____

Education: Did not Complete High School
 Received GED
 Completed high school
 Currently in college, pursuing degree in Advertising Design
 Completed college, degree in Associate in the Art of A.S.
 Currently pursuing an advanced degree in _____
 Completed advanced degree in _____

Did you have any learning disabilities or weaknesses in school? If yes, describe: _____

Academic Strengths (i.e. math, reading): Math, PE

How many languages do you speak? 2 Which one(s): English & Chinese

Musical Talent or Instrument: Guitar, Piano, Guzheng Years Experience: 10/12/10

Donor Application Form DONOR NUMBER Page 6

SOCIAL HISTORY AND HABITS (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Artistic Talent: Painting, Designing, Photography

Athletic Skills / Favorite Sports: Judo, Gymnastics, Yoga, Judo

Other skills/hobbies/talents/interests do you have (i.e. writing, reading, ability to do games or crossword puzzles, handicrafts)? Describe: guitar, sewing, bookbinding, video game, rock song

Current Occupation: Student How long have you been at your current job? _____

DANCE

Exercise Habits: None Occasional Regular Type of Exercise: Judo, running, yoga

Your diet is: Vegetarian Non-vegetarian Your diet is: poor average excellent

Do you have any dietary restrictions? NO

本捐卵档案合计页为 19页

Profiles Presentation Lu Jie Page 6

Interview by PG

DONOR Applicant Nick Name Benny



Donor Data sourced by the Donor Agency

Nick Name: Benny

DONOR NUMBER Page 11

REPRODUCTIVE HISTORY
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

YOUR CHILDREN	1	2	3	4
Age				
Sex				
Eye color				
Hair Color				
Frame size				
Grade in school				
Personality				
Artistic ability				
Intelligence				
Distinguishing characteristics				
Wears eye glasses				
Discipline problems				
Any medication				
Dyslexia				
Reading difficulties				
Speech difficulties				
Any special services at school				
Seen by social worker/psychiatrist				
Grade functional level				
Normal / Above / Below Average				

FAMILY HEALTH HISTORY
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

How many blood siblings are in your immediate family (including yourself and half siblings)? _____

Number of Brothers Number of Sisters

Number of Maternal Aunts Number of Maternal Uncles

Number of Paternal Aunts Number of Paternal Uncles

Do you have any brothers or sisters that died in infancy or childhood? Yes No

If yes, what was the cause? _____

Are there any members of your family with a history of learning disabilities or autism? Yes No

If yes, please explain _____



Donor Data sourced by the Donor Agency
Nick Name: Benny

Donor Application Form DONOR NUMBER Page 12

FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY ALL STATES

Describe family members according to the following characteristics. Use natural and not her color feedback, etc. completion. If they are deceased, please list cause of death. Please do not put "natural" as a cause of death. If unknown, write "unknown".

Relationship	Eye Color	Hair Color	Complexion	Height	Weight	Blood Pressure	Occupation/ Education	Age at Birth	Age at time of death	Cause of death
Spouse										
Spouse										
Spouse	Brown	Black	Light	5'5	120	normal	University Lecturer	44		
Spouse	Brown	Black	Medium	5'9	160	med	Nurse	43		
Spouse	Brown	Black	Light	5'3	130	small	Nurse	69		
Spouse	Brown	Black	Light	5'8	151	small	Language Specialist	73		
Spouse	Brown	Black	Light	5'4	128	small	Teacher	68		
Spouse	Brown	Black	Medium	5'8	139	Med	Professor	74		

PLEASE REFER TO THE GLOSSARY ON THE LAST PAGES OF THIS FORM FOR DEFINITIONS

	None	Ear	Stomach	Pituitary	Bladder	Heart	Brain	Other	Explaination (which side of body, age of onset, etc.)
CANCER									
Bladder									
Brain									
Colon & Intestine									
Ear									
Esophagus & Stomach									
Eye									
Heart									
Intestine									
Kidney									
Liver									
HEART									
None									
Heart Valve									
Coronary Artery Disease									
Heart Problems (Other)									
High Blood Pressure									
High Cholesterol									
High Triglyceride									
High Blood Cholesterol									
High Triglyceride									

本捐卵档案合计页为 19 页

Profiles Presentation **Lu Jie** Page 8

Interview by **PG**

DONOR Applicant Nick Name **Benny**



Donor Data sourced by the Donor Agency
Nick Name: Benny

	Bone	Bull	Mother	Father	Sibling	Grand-parents	Aunt/Uncle	Cousin	Explantation (which side of family, age of onset, etc.)
BLOOD									
Anemia	<input checked="" type="checkbox"/>								
Sickle-Cell Anemia	<input checked="" type="checkbox"/>								
Factor V Leiden Heterozygous (Homozygous if noted else or absent)	<input checked="" type="checkbox"/>								
Hypertrophy or other bleeding/clotting disorders such as von Willebrand's Disease	<input checked="" type="checkbox"/>								
Intrinsic Deficiency	<input checked="" type="checkbox"/>								
Leukemia	<input checked="" type="checkbox"/>								
Lymphoma or leukemia lymph nodes	<input checked="" type="checkbox"/>								
UTI	<input checked="" type="checkbox"/>								
Thalassemia	<input checked="" type="checkbox"/>								
Polycystic Kidney	<input checked="" type="checkbox"/>								
Other Blood Disorder	<input checked="" type="checkbox"/>								
RESPIRATORY									
Asthma	<input checked="" type="checkbox"/>								
Chronic Cough	<input checked="" type="checkbox"/>								
Emphysema	<input checked="" type="checkbox"/>								
Pulmonary	<input checked="" type="checkbox"/>								
Pneumonia	<input checked="" type="checkbox"/>								
Alpha 1 antitrypsin Deficient	<input checked="" type="checkbox"/>								
Block in Sputum	<input checked="" type="checkbox"/>								
Other Lung Disease	<input checked="" type="checkbox"/>								

	Bone	Bull	Mother	Father	Sibling	Grand-parents	Aunt/Uncle	Cousin	Explantation (which side of family, age of onset, etc.)
GASTRO- INTESTINAL									
Appendicitis	<input checked="" type="checkbox"/>								
Ulcer of Stomach or Duodenum	<input checked="" type="checkbox"/>								
Gallstones	<input checked="" type="checkbox"/>								
Hepatitis A,B or C	<input checked="" type="checkbox"/>								
Cirrhosis of the Liver	<input checked="" type="checkbox"/>								
Other Liver Disease	<input checked="" type="checkbox"/>								
Gastroesophageal Reflex Disease	<input checked="" type="checkbox"/>								
Celiac Disease	<input checked="" type="checkbox"/>								
Polyps/Diverticula	<input checked="" type="checkbox"/>								
Multiple Polyps of the Colon	<input checked="" type="checkbox"/>								
Diverticulitis	<input checked="" type="checkbox"/>								
Inflammatory Bowel Disease	<input checked="" type="checkbox"/>								
Any other problem of the digestive system	<input checked="" type="checkbox"/>								
METABOLIC/ ENDOCRINE									
Diabetes requiring insulin therapy	<input checked="" type="checkbox"/>								
Diabetes not requiring insulin therapy	<input checked="" type="checkbox"/>								
Childhood Diabetes	<input checked="" type="checkbox"/>								
Thyroid disorder	<input checked="" type="checkbox"/>								
Gonorrhea	<input checked="" type="checkbox"/>								
Chronic Hepatitis B Surface Antigen Positive Hemochromatosis Disorder	<input checked="" type="checkbox"/>								
Chronic Hepatitis C Surface Antigen Disorder	<input checked="" type="checkbox"/>								
Chronic Disease	<input checked="" type="checkbox"/>								

本捐卵档案合计页为 19 页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER: Page 18

FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

	Mother	Father	Sister	Brother	Grandparents	Aunt/Uncle	Cousin	Other relative (which side of family, age of onset, etc.)
URINARY								
Kidney Problems	✓							
Polycystic Kidney Disease	✓							
Other (Specify nature of urinary tract condition, location, location, onset)	✓							
GENITAL/REPRODUCTIVE								
Hemorrhoids/Anal/Genital Lesions	✓							
Hemorrhoids or polypoid anal/rectal	✓							
Uterine Fibroids	✓							
Ovarian Cysts or Polycyst	✓							
Lumps or Cysts in Breast or Ovary	✓							
Polycystic Ovarian Syndrome (PCOS)	✓							
Pelvic Inflammatory Disease (PID)	✓							
Ectopic Pregnancy	✓							
REPRODUCTIVE OUTCOMES								
Ever had Miscarriage	✓							
Stillborn	✓							
Preterm Birth(s)	✓							
Death of a newborn infant	✓							
Childhood death	✓							
Still Birth(s)	✓							
Infants	✓							
Preterm Birth	✓							

FORM TITLE: Donor Application Form REVISION: 3/09
FORM NUMBER: EFFECTIVE DATE:

合计页为 19页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form

DONOR NUMBER

Page 17

FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

	None	Self	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin	Exposures (both side of family, etc. if none, etc.)
NEUROLOGICAL									
Alzheimer's	✓								
Stroke (cerebral)	✓								
Tremor or other Distraction before age 10	✓								
Multiple Sclerosis	✓								
Cerebral Palsy	✓								
Neurofibromatosis	✓								
Epilepsy (Seizure) Meningitis Dementia Tics/Ticlike	✓								
Autism / Asperger's	✓								
Alzheimer's Dementia/Alzheimer's	✓								
Hypertension	✓								
Tuberculous Tuberculosis	✓								
Parkinson's Disease	✓								
Cerebral Cerebral Cerebral	✓								
Stroke	✓								
Myasthenia Gravis	✓								
Huntington's or Wilson's Disease	✓								
Thyroid's syndrome	✓								
Other diseases of the nervous system	✓								
HEALTH HEALTH									
Alcohol / Parent Alcohol	✓								
Alcohol / Parent/relative using Alcohol	✓								

FORM TITLE: Donor Application Form	REVISION: 3/07
FORM NUMBER:	EFFECTIVE DATE:

十页为 19页



Donor Data sourced by the Donor Agency
Nick Name: Benny

Donor Application Form DONOR NUMBER Page 18
FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

	None	Self	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin	Explain (which side of family, age if under 18)
Depression	✓								
Schizophrenia	✓								
Manic Depression or Bipolar Disorder	✓								
Other mental health disorder requiring medication	✓								
Stroke/Alzheimers	✓								
Other mental health problems that warranted counseling (over 10)	✓								
MUSCLE/BONE/JOINTS									
Muscular Dystrophy	✓								
Achondroplasia - form of dwarfism with abnormal bone growth	✓								
Other Chronic Muscle Disease	✓								
Osteogenesis Imperfecta (brittle bone disease)	✓								
Loss of Muscle Coordination	✓								
Osteoporosis	✓								
Marfan Syndrome	✓								
Arthritis	✓								
Recurrent or Severe Arthritis	✓								
Spinal Muscular Atrophy	✓								
Hereditary Use Soft Tissue Disorder (a form of Marfan Syndrome)	✓								
Polycystic Ovaries	✓								
Menstrual Issues	✓								
Other	✓								

FORM TITLE: Donor Application Form REVISION: 5400
FORM NUMBER: EFFECTIVITY DATE:

本捐卵档案合计页为 19页

制作
2014.01.23
L_Jie



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 19

FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

	None	Self	Mother	Father	Siblings	Grandparents	Aunt/Uncle	Cousin	Explanation (other side of family, age of onset, etc.)
Mendelian Inheritance Disease (be more specific)	<input checked="" type="checkbox"/>								
Lupus (systemic lupus erythematosus - SLE)	<input checked="" type="checkbox"/>								
RIGHT/LEFT EYE/SIGHT									
Deafness before age 16	<input checked="" type="checkbox"/>								
Colorblindness before age 16	<input checked="" type="checkbox"/>								
Diabetes	<input checked="" type="checkbox"/>								
Cholelithiasis	<input checked="" type="checkbox"/>								
Chronic Kidney Disease	<input checked="" type="checkbox"/>								
Stroke	<input checked="" type="checkbox"/>								
Alzheimer's Disease	<input checked="" type="checkbox"/>								
Depression	<input checked="" type="checkbox"/>								
Any other Serious Disorder	<input checked="" type="checkbox"/>								
SKIN									
Alopecia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Both, temporary
Acne	<input checked="" type="checkbox"/>								
Eczema	<input checked="" type="checkbox"/>								
Excessive Hair (not children)	<input checked="" type="checkbox"/>								
Pigmentation Disorders	<input checked="" type="checkbox"/>								
Freckles	<input checked="" type="checkbox"/>								
Warts	<input checked="" type="checkbox"/>								

FORM TITLE: Donor Application Form REVIEWED: N/A
FORM NUMBER: EFFECTIVE DATE:

整合页为 19页

制作
2014.01.23
L_Jie



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donation Application Form DONOR NUMBER Page 20

FAMILY HEALTH HISTORY (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

	Mother	Father	Sister	Brother	Other	Grandparents	Aunt/Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
Other disorders of the eye	✓								
Infectious Skin Diseases	✓								
More than 10 papules or coffee-colored spots on skin (note of spots or freckles)	✓								
CONGENITAL ABNORMALITIES									
Club Foot / Feet	✓								
Congenital Hip Problems	✓								
Club Feet	✓								
Heart Defect	✓								
Heart Problems	✓								
Spina Bile Aneurysm (not from spine)	✓								
Microcephaly	✓								
Hydrocephalus - a single hole from structure and causes acid and fluid build-up	✓								
Other	✓								
CONGENITAL ABNORMALITIES									
Glaucoma	✓								
Other Eye Issues (e.g. cataracts, glaucoma, etc.)	✓								
OTHER									
Alcoholism	✓								
Drug Abuse, Abuse or Addiction	✓								
Premature degeneration of any organ system	✓								
Any other condition not mentioned above	✓								

FORM TITLE: Donor Application Form REVISION: 3400
FORM NUMBER: EFFECTIVE DATE:

合计页为 19页

制作
2014.01.23
L Jie



Donor Data sourced by the Donor Agency

Nick Name: Benny

GENETIC HISTORY
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Ethnic origin (e.g. French, Irish)

Mother: Chinese Father: Chinese

[tag] Check all that apply for your ancestors:

African American	_____	_____	_____	_____	_____	_____
Eastern European (Austrian)	_____	_____	_____	_____	_____	_____
Jewish	_____	_____	_____	_____	_____	_____
Mediterranean (Greek, Italian)	_____	_____	_____	_____	_____	_____
Hispanic	_____	_____	_____	_____	_____	_____
Indian (from India)	_____	_____	_____	_____	_____	_____
Southeast Asian (Laotian, Vietnamese, Cambodian)	_____	_____	_____	_____	_____	_____
French Canadian	_____	_____	_____	_____	_____	_____
Cajun	_____	_____	_____	_____	_____	_____

[MGM-Maternal Grandmother, MGF-Maternal Grandfather, FGM-FPaternal Grandmother, FGF-FPaternal Grandfather]

Have you or anyone in your family ever been tested positive as a carrier or had any of any of the following diseases?

Bloom Syndrome	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Cancer	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Cystic Fibrosis	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Fabry Disease	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Familial Dysautonomia	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Familial Mediterranean Fever	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Fanconi Anemia (Gp. C)	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Gaucher	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Niemann-Pick type A	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Mucopolysac type IV	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Sickle Cell	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Tay-Sachs	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown
Thalassemia	<input type="checkbox"/>	If yes: _____	Disease	_____	carrier	_____	negative	_____	unknown

Is there anything else we should know about your family?



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 22

PERSONAL AND MOTIVATIONAL
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

In your own words, describe your personality, temperament, and character. I'm outgoing, bubbly, organized, free thinker. I'm also a very listener.

What physical, artistic, intellectual or social abilities do you feel best about?

I'm very artistic. I love to paint and design. I do a lot of digital artwork, also love photography. I love yoga and like to do gymnastics when I was little.

What are your present and future career goals?

I would love to be a creative director in the future, right now I do some modeling.

What are your present and future personal goals?

I would love to find my dream job, earn lots of money so I can take care of my family.

List the 3 achievements you are most proud of:

Awards for my art works. Modeling. College

FORM TITLE: Donor Application Form	REVISION: 3499
FORM NUMBER:	EFFECTIVITY DATE:

档案合计页为 19页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donation Application Form DONOR NUMBER Page 13

PERSONAL AND MOTIVATIONAL (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

What is your favorite movie? PS- I LOVE YOU, THE NOTEBOOK, BEAUTY & THE BEAST

What is your favorite book? Twilight

What is your favorite color? Pink

What is your favorite food? Asian

What is one of your most memorable moments and why?

When I moved to America, because it was a big change and I didn't know English.

If you could change one thing about yourself, what would it be and why?

I wish I was taller, because there are some jobs I cannot do, because I'm not tall enough.

Is there a person alive or dead whom you admire and why?

My mom, because she is the most hardworking person, and she works so hard for her country.

What would you do on a "perfect" day if you could do anything you wanted?

I would go to a beach and relax.

Describe your personality and temperament as a child.

Outgoing, funny, loving.

What was your favorite thing to do as a child?

hang out with my friends train my dogs

FORM TITLE: Donor Application Form	REVISION: 3499
FORM NUMBER:	EFFECTIVITY DATE:

档案合计页为 19页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 14

PERSONAL AND MOTIVATIONAL (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

What did your parents teach you to value?

Family.

How were you in comparison to other children?

I WAS MORE MOTIVE

Describe your personality and temperament as a teenager?

wants to do my own things

Did you have any problems as a child and/or as a teenager? Explain.

NO.

Who was the most important influence on you and why?

my UNCLE, because I've always looked up to him

What were your ambitious goals as a teenager?

To be a famous artist.

What were your best and worst subjects in school?

Best: Art

Worst: History.

FORM TITLE: Donor Application Form
FORM NUMBER:

REVISION: NONE
EFFECTIVITY DATE:

综合计页为 19页



Donor Data sourced by the Donor Agency

Nick Name: Benny

Donor Application Form DONOR NUMBER Page 15

PERSONAL AND MOTIVATIONAL (continued)
THIS PAGE WILL BE SHARED AND VIEWED BY RECIPIENTS

Please provide the following information about your family:

	Intellectual/Academic Achievements	Artistic Achievements
Mother		
Father		
Siblings		
Brothers		

Reasons for wanting to donate eggs or sperm: I personally don't want any children. I think it's great that I can help someone else.

If you could pass on a message to the recipient(s) of your eggs or sperm, what would that message be?
Take good care of the baby.

If you could write a message to the child born through your participation as an egg or sperm donor for when he/she turns 18 years old, what would you tell him/her?
I hope everything is well, and you have everything that you deserve.

FORM TITLE: Donor Application Form	REVISION: 3499
FORM NUMBER:	FORM ENTRY DATE:

档案合计页为 19页