







### Egg Donor ID 00000000

#### Why have I decided to be a donor?

The reward attracted me first and I decided, why not? I'm young and healthy. But then, when I've already agreed, I looked into my soul and realized that it's not about me or reward. It's about the person waiting for my help.

It's very hard to be a parent. VERY! But I would never trade voices of my children running to me, when I'm back home, for anything else in the world. Everyone must have this feeling. And if I can help, I must.







#### General and biometric information

₫ 1987 

**Eye colour** Blue Hair colour Light brown

Appearance type	Slavic
Religion	Orthodox Christian
Eye shape	Almond
Nose shape	Straight
Face shape	Oval
Hair specific	Wavy
Hair length	Middle
Hair density	Thick
Hair colour of the first donor's child	Blond
Hair colour of the second donor's child	Light brown
Body shape	Normosthenic
Skin tone	Light, light tan

# Medical and genetic information



Blood type and Rh factor	B+
Are you adopted?	No
How many siblings do you have?	No
Contraception	Barrier
Do you visit a gynecologist regularly?	Yes
Do you have/Did you have any gynecological diseases/ surgeries?	No
Do you use hearing aid? Do you have hearing impairment?	No
Do you wear glasses/contact lenses? Do you have visual impairment?	No
Vision (diopter)	1
Eye surgery, diagnosis (myopia, hyperopia, astigmatism)	No
Teeth condition	Good
Dunana	V 11 1
Braces	Yes, I had
Smoking	No
Smoking	No
Smoking  How often do you drink alcohol per month/week?	No One glass of wine per month
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet	No One glass of wine per month I don't follow any particular diet.
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet  Allergy	No One glass of wine per month I don't follow any particular diet. No
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet  Allergy  Do you exersice regularly?	No One glass of wine per month I don't follow any particular diet. No No
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet  Allergy  Do you exersice regularly?  Do you take any prohibited drugs?	No One glass of wine per month I don't follow any particular diet. No No No
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet  Allergy  Do you exersice regularly?  Do you take any prohibited drugs?  Have you had a blood transfusion?	No One glass of wine per month I don't follow any particular diet. No No No No
Smoking  How often do you drink alcohol per month/week?  Describe your type of diet  Allergy  Do you exersice regularly?  Do you take any prohibited drugs?  Have you had a blood transfusion?  Have you had been hospitalized for psychical reasons?	No One glass of wine per month I don't follow any particular diet. No No No No No No

# Medical and genetic information



Do you have any chronic diseases?	No
Are you taking any medications (prescribed or over the counter)?	No
Have you had any hospitalizations/ surgeries?	No
History of STD (HIV, Syphillis, Gonorrhea, Chlamydia, Herpes, Viral Hepatitis B or C, CMV), specify the dates and treatments, if were any	No
Do you have/Have you ever had these infections: chlamydia, gonorrhea, trichomoniasis, genital herpes?	No

#### Social information

Occupation	Chief corporate insurance specialist
Education	Higher, economist
Mentality	Humanitarian
Hobbies	Music, travelling
Personality traits	Honesty, justice, sense of humor, politeness, artistic person
What languages do you speak, read or write in?	Russian – native speaker, English – fluently, Ger- man – basic, Turkish – basic
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Can you play musical instruments? If yes, what is that?	Piano
Can you play musical instruments? If yes, what is that?  Your sports achievements, favourite sports	Piano Swimming

If you could pass on a message to the recipient(s) of your eggs, what would that message be?

## Donor's children



Воу		<b>Б</b> Воу	
Sex	Male	Sex	Male
Year of birth	2016	Year of birth	2018
Hair colour	Blond	Hair colour	Light brown
Eye colour	Blue grey	Eye colour	Blue grey
Age your child walked	13 months	Age your child walked	10 months
Age your child spoke	2 years	Age your child spoke	Not yet (at the moment of filling the questionary)
Problems with hearing/vision	No	Problems with hearing/vision	No
Hyperactive/ADHD/ ADD?	No	Hyperactive/ADHD/ ADD?	No
Mental disorders	No	Mental disorders	No

### Donor's relatives

	Father	Mother
Nationality	Russian	Russian
Appearance type	Slavic	Slavic
Year of birth	1954	1962
Occupation	Chief engineer, manager	Chief architect, manager
Hair colour	Light brown	Black
Eye colour	Blue grey	Blue grey
Nose shape	Straight	Straight
Hight, cm	175	162
Weight, kg	85	58
Body shape	Normosthenic	Normosthenic
Health rate	4	4

## Donor's relatives



	Father's father	Father's mother
Nationality	Russian	Russian
Appearance type	No information	Slavic
Year of birth	No information	No information
Occupation	No information	Teacher
Hair colour	No information	Light brown
Eye colour	No information	Blue
Nose shape	No information	Straight
Hight, cm	No information	No information
Weight, kg	No information	No information
Body shape	No information	Normosthenic
Health rate	No information	3
	Father's father	Father's mother
Nationality	Russian	Russian
Appearance type		
	Slavic	Slavic
Year of birth	Slavic 1928	Slavic 1930
Year of birth Occupation		
Occupation	1928	1930
Occupation	1928 Miner, teacher	1930 Teacher
Occupation  Hair colour	1928  Miner, teacher  Light brown  Blue grey  Straight	1930 Teacher Black Blue grey Straight
Occupation  Hair colour  Eye colour  Nose shape  Hight, cm	1928  Miner, teacher  Light brown  Blue grey  Straight  No information	1930 Teacher Black Blue grey Straight
Occupation  Hair colour  Eye colour  Nose shape  Hight, cm  Weight, kg	1928  Miner, teacher  Light brown  Blue grey  Straight  No information	1930 Teacher Black Blue grey Straight
Occupation  Hair colour  Eye colour  Nose shape  Hight, cm	1928  Miner, teacher  Light brown  Blue grey  Straight  No information	1930 Teacher Black Blue grey Straight No information

# Health condition of donor's genetic family



Migraines	No
Mental disorders or disabilities	No
Epilepsy	No
Muscular dystrophy	No
Hearing problems, deafness	No
Colour blindness, blindness	No
Wearing glasses/ contact lenses, myopia/ hyperopia	My mother has hyperopia
Glaucoma	No
Schizophrenia	No
Frequent depressions	No
Serious congenital malformation	No
Clubfoot	No
Dwarfism	No
Cardiovascular diseases	No
More than two miscarriages	No
Allergy	Atopic dermatitis
Dermatomelasma, Neurodermatitis, Psoriasis	No
Baldness (if yes, specify the age)	No
Cancer (specify the type)	Father's mother had throat cancer after age 70.
Haemophilia	No
Stroke	No
Ulcer	No
Ovarian cycts	No

# Health condition of donor's genetic family



Haemophilia	No
Stroke	No
Ulcer	No
Ovarian cycts	No
Ovarian tumor	No
Uterine fibroma	No
Uterine fibroids	No
Alcoholism	My father died of liver cirrhosis
Drug addiction	No
Diabetes before age of 55	No
Autism	No

# Interests and preferences

Favourite food/cuisine	Italian cuisine
Favourite colour	Light blue, grey, milk white
Favourite season	Autumn
Favourite holiday	New year
Favourite sport	Figure skating
Favourite book	"Lullaby" by Chuck Palahniuk
Favourite animal	Cat
Favourite car brand	AUDI
Favourite music	Indie rock, classic rock, classic jazz, light electronic music
Favourite movie(s)	"Vanilla Sky", "Cast Away", "Back to the Future"
Favourite TV Series	"Breaking Bad"

# Interests and preferences



Do you believe in miracles?	Yes
Are you a believer?	No
Do you follow the news?	No
Do you believe in astrology?	No
Do you have a pet?	Yes

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scanfert@scanfert.eu