

S - CD 4115, Cape Town



| Availability status: | Available now in Cape Town |
|-----------------------------|---|
| Race: | Coloured |
| Age: | 28 |
| Hair colour: | Black, straight/thin |
| Eye colour: | Dark brown |
| Has children: | Yes |
| Proven donor: | Yes |
| Post matric studies: | Yes |
| Other physical information: | 1.58m., 46kg., slender build. |
| Face shape: | Round |
| Other personal information: | South African nationality, A+blood group. Candidate is a teaching student. She is down to earth, caring person who loves helping others. Nonsmoker. Reason for donating: It is purely for the gift of giving. Children are a blessing from God. I would like to grant |
| | another woman the opportunity of experiencing that love. |
| Reproduction history: | opportunity of experiencing |

Additional Donor Information

Initial Information

| In which town and province do you live? | Cape Town, Western Cape |
|--|---|
| Nationality: | South African |
| Where were you born? | Cape Town |
| What language(s) do you speak? | English and Afrikaans |
| Year of birth: | 1994 |
| Age: | 28 |
| Star sign: | Taurus |
| Blood group (if known): | A+ |
| Why do you want to be an egg donor and if you had a message for your recipient what would it be? | It is purely for the gift of giving. Children are a blessing from God. I would like to grant another woman the opportunity of experiencing that |
| How do you best describe yourself? | Quiet, shy at times but also do not take nonsense from anyone. Stand up for myself but also know when it's the right time to do so. |
| Relationship status: | Married |

Physical Profile

| Race: | Coloured/ Mixed Race |
|---|----------------------|
| Skin complexion: | Fair |
| Face shape: | round |
| Nose shape defined by Wikipedia: | Snub |
| Eye shape: | Round Almond |
| Height in metres: | 1.58m. |
| Weight in kilograms: | 46kg. |
| What is your usual or ideal weight? | 46kg. |
| Build and body shape: | Slender |
| Which body part is most sensitive to weight gain or loss? | Tummy |
| Eye colour: | Brown |
| | |

| Natural hair colour: | Black |
|---|---|
| Hair colour as a child: | Black |
| Hair type: | Straight |
| Hair texture: | Fine |
| Description of hands and fingers: | |
| Any other defining traits such as breast cup, size shoe size, freckles, dimples, etc: | Size 4 shoe, no freckles, dimples on cheeks |
| Are you left handed or right handed? | Right handed |
| With which celebrity do you most resemble - physically? | Jennifer Lopez |
| Siblings physical traits - hair and eye colour, height, weight and build: | |

Reproductive Information

| Are you a virgin? | No |
|---|----------------------|
| Ever miscarried? | No |
| No. and ages of children (if applicable): | One child born 2016. |
| Fertility issues: | None |

Health of Egg Donor

| Are you a twin? | No |
|--|--------------|
| Are you adopted? | No |
| Current health status, lifestyle, and/or current diseases: | Great |
| Smoker: | never smoked |
| Alcohol consumption per week: | 0 |
| Do you wear glasses? | Since a teen |
| How would you rate your sight? | Fair |
| Any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc: | None |
| Have you suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria? | None |

| Have you had any cancer? | No |
|---|---------------------|
| Have you had any heart problems? | No |
| Please indicate if you have any allergies: | None |
| Any mental or psychological diseases/learning disorders including but not limited to genetic depression, bipolar, psychiatric illness, etc. Please elaborate and indicate if genetic: | None |
| Any physical handicaps or deformities? If yes, please state: | None |
| Do you have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, and sickle cell? | None |
| History of asthma: | No |
| Indicate any medication you are taking and reason for it: | None |
| Have you ever been addicted to any substances? | No |
| Have you partaken in any recreational drugs, had tattoos, or piercings in the last six months? Please explain: | No |
| Details of any operations: | No |
| Are there any health issues of which you are aware that may be of concern for you to become an egg donor? If yes, please state: | No |
| Any specific diet such as vegan, vegetarian, health conscious, low fat, etc.: | None |
| How often do you exercise? | When I Get A Chance |
| In which exercises or sports do you partake now? | |
| Have you excelled in any sports? | At school |
| What sports did you play at school? | Hurdles |

Professional and Academic Information

| Occupation: | Product Support Assistant |
|---|--|
| What is your ideal career/occupation? | Teacher |
| What are you doing to get to your desired | 2nd year student, BEd Intermediate phase |

| profession in life? | |
|--|--------------------------------|
| Do you have a matric and university exemption? | Only Matric |
| Subjects and grades or marks at school: | |
| What is the name of any course/degree completed? | |
| Planned studies: | |
| In what aspects do you have a keen interest? | Education, cooking and baking. |
| What type of books do you like to read? | Array |
| Would you prefer to read the book or watch the movie? | Watch the Movie |
| Do you know if your IQ was ever tested and the score please? | |

Behavioural Traits

| What is most important in life to you? | Family |
|--|--|
| If you had unlimited resources and could save one thing on earth what would it be? | Save our children, end crime |
| What are your views on religion and spirituality, and practiced religion? | I'm not religious. I respect all religions equally |
| Childhood religion: | Christian |
| Any specific achievements or aspects of recognition in your family: | None indicated. |
| Interests and hobbies: | Cooking and baking |
| What is your preferred holiday? | Array |
| If you were offered an all-inclusive holiday, what would it be? | International trip to Germany |
| Which interesting places have you visited? | |
| What are your feelings on animal welfare? | I'm not an animal lover but I do have animals |
| Strength and weaknesses: | |
| What do others generally think of you? | Quiet, soft spoken |
| Favourite flower: | Rose |
| What is your favourite meal? | Pasta |
| What is your favourite movie? | Enough |
| What is your favourite book? | |

| Who is your favourite actor? | Tom cruise |
|--|--------------------------------------|
| Who is your favourite actress? | Jennifer Lopez |
| What is your favourite colour? | Purple |
| What is your favourite colour lipstick? | I don't wear lipstick |
| What is your favourite perfume? | D&G Light Blue |
| Who is your favourite person? | My daughter |
| Are you more introverted or extroverted? | Introverted |
| Would you prefer to go out with friends or stay in with a loved one or book? | Stay in with a loved one or book |
| Are you musical or played any musical instruments? | |
| Are you more cultural or more adventurous? | Bit of Both - depending on Situation |
| Do you prefer indoors or outdoors? | |
| Which weather do you prefer? | Array |
| Are you more creative or analytical? | Array |

Family Information of Genetic Parents

| Nationality for mother and father: | Both South African |
|--|-----------------------|
| Country of origin and ancestry for mother and father: | Both South Africa |
| Language spoken for mother and father: | English and Afrikaans |
| Professions for mother and father: | Pensioners |
| Achievements on an academic level for mother and father: | |
| Race for mother and father: | Both coloured |
| Natural hair colour for mother and father: | Both black |
| Eye colour for mother and father: | Both black |
| Height for mother and father: | |
| Mother and father build: | Slender and short |
| Any specific defining traits for both parents: | |
| Are your parents still alive? | |
| If deceased, cause of death: | Not applicable |
| | |

| Please indicate if any twins in your family and the relationship to you: Please list any family members who have had cancer including aunts or uncles and on which family side: Any fertility problems in your family: In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, heart problems? In your family, does anyone have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family — please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both No to Both No to Both | Age (if living, or age deceased): | |
|--|--|----------------------------------|
| Please list any family members who have had cancer including aunts or uncles and on which family side: Any fertility problems in your family: In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? In your family, does anyone have any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Natural Current age or age of death: Current age or age of death: Grandfathers still alive? No to Both | Health status: | Good |
| cancer including aunts or uncles and on which family side: Any fertility problems in your family: In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? In your family, does anyone have any genetic cliseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both Note Both Note Both | Please indicate if any twins in your family and the relationship to you: | Maternal aunt has twin daughters |
| In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? In your family, does anyone have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: Grandmothers still alive? If deceased, state cause of death: Current age or age of death: Current age or age of death: Grandfathers still alive? No to Both No to Both | Please list any family members who have had cancer including aunts or uncles and on which family side: | None indicated |
| from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? In your family, does anyone have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family — please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: Grandmothers still alive? If deceased, state cause of death: Current age or age of death: Current age or age of death: Grandfathers still alive? No to Both No to Both | Any fertility problems in your family: | None |
| diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Not Selected Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both Natural Current age or age of death: Grandfathers still alive? No to Both | In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? | |
| disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: Any physical deformities or handicaps? If yes, please state: History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both Current age or age of death: Grandfathers still alive? No to Both Read 86 | In your family, does anyone have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs? | None indicated |
| History of asthma: Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: Grandmothers still alive? No to Both Natural Current age or age of death: Grandfathers still alive? No to Both No to Both No to Both | Any mental or psychological disease or learning disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings or family? If yes, please state: | None indicated |
| Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both Current age or age of death: Grandfathers still alive? No to Both Natural Read 86 No to Both | Any physical deformities or handicaps? If yes, please state: | None indicated |
| dysplasia, or other in your family – please explain: Any other comments regarding any health aspects in your family: Alcoholism/substance abuse: No To Both Grandmothers still alive? No to Both If deceased, state cause of death: Current age or age of death: Grandfathers still alive? No to Both Natural Regarding any health No To Both No to Both No to Both | History of asthma: | Not Selected |
| Alcoholism/substance abuse: Orandmothers still alive? If deceased, state cause of death: Current age or age of death: Current age or age of death: Orandfathers still alive? No to Both Natural 82 and 86 No to Both | Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain: | None indicated |
| Grandmothers still alive? If deceased, state cause of death: Current age or age of death: By and 86 Grandfathers still alive? No to Both | Any other comments regarding any health aspects in your family: | None indicated |
| If deceased, state cause of death: Current age or age of death: B2 and 86 Grandfathers still alive? No to Both | Alcoholism/substance abuse: | No To Both |
| Current age or age of death: 82 and 86 Grandfathers still alive? No to Both | Grandmothers still alive? | No to Both |
| Grandfathers still alive? No to Both | If deceased, state cause of death: | Natural |
| | Current age or age of death: | 82 and 86 |
| If deceased, state cause of death: Heart attack and natural | Grandfathers still alive? | No to Both |
| | If deceased, state cause of death: | Heart attack and natural |
| Current age or age at time of death: 52 and 82 | Current age or age at time of death: | 52 and 82 |

| Grandfathers eye colour (maternal and paternal): | Black |
|---|-------|
| Grandmothers eye colour (maternal and paternal): | Black |
| Grandfathers hair colour (maternal and paternal): | Black |
| Grandmothers hair colour (maternal and paternal): | Black |
| Health of grandmothers (maternal and paternal): | |
| Health of grandfathers (maternal and paternal): | |
| Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents: | |
| Any genetic health or psychological concerns worth noting regarding your grandparents: | |
| Any notes/comments re family of family health aspects - genetic ito psychological, physical, deformities, diseases, concerns: | |

Egg Donation Stipulations

| Please indicate if you have any donation conditions or criteria such as persons to whom you prefer not to donate: | None |
|---|-----------|
| Preferred town to donate: | Cape Town |
| Towns available in which to donate - travel costs will be covered: | Array |

Confirmation

| I have only made myself available as an egg donor with baby2mom: | No |
|--|------|
| Please advise any specific donation criteria other than those mentioned: | None |
| All information provided is correct and pictures are all of me. I agree to keep baby2mom updated with the donor programme (screening, blood tests, scans, egg retrieval). I will keep baby2mom updated wrt my availability and wrt egg donation pregnancies achieved. I consent to participate in the baby2mom egg donor program | Yes |

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. 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 find more information pertaining to egg donation on the baby2mom egg donor site or ask if I have any further questions about being an egg donor. I agree to participate as required as people often travel from international destinations to participate in a South African egg donation program and have incurred considerable financial and emotional costs: