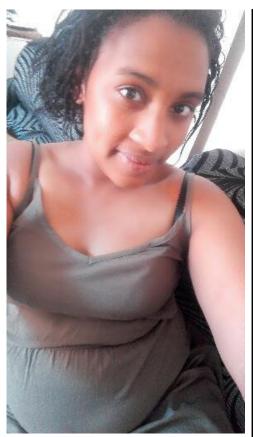


# S - DS 3148, Cape Town



Availability status:	Available now in Cape Town
Race:	Coloured
Age:	24
Hair colour:	Curly brown
Eye colour:	Brown
Has children:	Yes
Proven donor:	No
Post matric studies:	No
Other physical information:	1.65m, 77kg.
Face shape:	Diamond
Other personal information:	South African nationality, Christian. Candidate is a very well put out person, time management is very important to her. She works in a call centre. She describes herself as having excellent health. Non-smoker. Reason for donating: To make people happy who are struggling to conceive. Message to recipient: I hope you guys keep the little one safe and make him/her happy and gives him/her all her heart desires.
Reproduction history:	Three children and no donations as yet.
Views on religion and spirituality:	I am a Christian

## **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?	Afrikaans and english
Year of birth:	1995
Age:	24
Star sign:	Aries
Blood group (if known):	Unknown
Why do you want to be an egg donor and if you had a message for your recipient what would it be?	To make people happy who are struggling to conceive. Message to recipient: I hope you guys keep the little one safe and make him/her happy and gives him/her all her heart desires.
How do you best describe yourself?	Talkative and very active, meeting new people and always a team player
Relationship status:	Engaged

## **Physical Profile**

Race:	Coloured/ Mixed Race
Skin complexion:	Fair
Face shape:	diamond
Nose shape defined by Wikipedia:	Greek - perfect straight nose
Eye shape:	Round Almond
Height in metres:	1.65m.
Weight in kilograms:	77kg.
What is your usual or ideal weight?	75kg.
Build and body shape:	Short and chubby
Which body part is most sensitive to weight gain or loss?	Stomach
Eye colour:	Brown

Natural hair colour:	Brown
Hair colour as a child:	Brown
Hair type:	Curly
Hair texture:	medium
Description of hands and fingers:	
Any other defining traits such as breast cup, size shoe size, freckles, dimples, etc:	Bra size 34A, shoe size 6, dimples on both cheeks
Are you left handed or right handed?	Right handed
With which celebrity do you most resemble - physically?	Angelina Jolie
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):	Three children born 2011, 2013 and 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:	Excellent
Smoker:	Ex-smoker
Alcohol consumption per week:	None
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

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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:	None
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:	None
Any specific diet such as vegan, vegetarian, health conscious, low fat, etc.:	None
How often do you exercise?	Daily
In which exercises or sports do you partake now?	
Have you excelled in any sports?	Netball in high school
What sports did you play at school?	Netball and soccer

## **Professional and Academic Information**

Occupation:	Call centre agent
What is your ideal career/occupation?	Nurse
What are you doing to get to your desired	Saving money to go study

profession in life?	
Do you have a matric and university exemption?	No matric
Subjects and grades or marks at school:	Always above 80%
What is the name of any course/degree completed?	None yet
Planned studies:	Completing a nursing course
In what aspects do you have a keen interest?	Helping homeless children
What type of books do you like to read?	Array
Would you prefer to read the book or watch the movie?	Both
Do you know if your IQ was ever tested and the score please?	No

#### **Behavioural Traits**

What is most important in life to you?	My children
If you had unlimited resources and could save one thing on earth what would it be?	Animals
What are your views on religion and spirituality, and practiced religion?	I am a Christian
Childhood religion:	Christian
Any specific achievements or aspects of recognition in your family:	
Interests and hobbies:	Cooking and baking
What is your preferred holiday?	Array
If you were offered an all-inclusive holiday, what would it be?	Zambia
Which interesting places have you visited?	
What are your feelings on animal welfare?	I wish I could take them all in.
Strength and weaknesses:	Strength - very soft person, strong willed, don't give up easily; weakness - cry easily
What do others generally think of you?	Funny and caring
Favourite flower:	Lily
What is your favourite meal?	Curry
What is your favourite movie?	Titanic and Notebook

What is your favourite book?	Rethinking our world
Who is your favourite actor?	
Who is your favourite actress?	Angelina Jolie
What is your favourite colour?	Black
What is your favourite colour lipstick?	None
What is your favourite perfume?	Far away
Who is your favourite person?	Myself
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?	None
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:	Afrikaans and english
Professions for mother and father:	Mom - creditor
Achievements on an academic level for mother and father:	
Race for mother and father:	
Natural hair colour for mother and father:	Both brown
Eye colour for mother and father:	Both brown
Height for mother and father:	
Mother and father build:	
Any specific defining traits for both parents:	
Are your parents still alive?	

Age (if living, or age deceased):  Health status:  Mom - excellent  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:  None  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:  No to Both  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?  Yes to Both  Not applicable  Current age or age of death:  None	If deceased, cause of death:	Dad -accident
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:  None  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:  No to Both  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?  Yes to Both  If deceased, state cause of death:  One  None	Age (if living, or age deceased):	45
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, hearn ophilia, 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:  No To Both  Grandmothers still alive?  Yes to Both  If deceased, state cause of death:  One	Health status:	Mom - excellent
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 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?  If deceased, state cause of death:  One  None  None  1 Any etrility problems in your family – please explain:  No To Both  None  1 Grandmothers still alive?  Yes to Both  If deceased, state cause of death:  Ourrent age or age of death:  61 and 65	, , , , , , , , , , , , , , , , , , , ,	None
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:  No to Both  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?  Yes to Both  If deceased, state cause of death:  Oliminative of the displacement of the please of the pleas	cancer including aunts or uncles and on which	None
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 disability 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?  Yes to Both  If deceased, state cause of death:  61 and 65	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:  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?  Yes to Both  If deceased, state cause of death:  Current age or age of death:  61 and 65	from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria,	
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:  None  None  None  No To Both  Yes to Both  Not applicable  Current age or age of death:  61 and 65	diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay	None
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?  If deceased, state cause of death:  Current age or age of death:  No to Both  None  No To Both  Yes to Both  Not applicable  Current age or age of death:  61 and 65	disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings	None
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?  Yes to Both  If deceased, state cause of death:  Not applicable  Current age or age of death:  61 and 65	, , ,	None
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?  Yes to Both  If deceased, state cause of death:  Current age or age of death:  61 and 65	History of asthma:	No to Both
aspects in your family:  Alcoholism/substance abuse:  No To Both  Grandmothers still alive?  Yes to Both  If deceased, state cause of death:  Not applicable  Current age or age of death:  61 and 65	dysplasia, or other in your family – please	None
Grandmothers still alive?  If deceased, state cause of death:  Current age or age of death:  61 and 65	, , , , , , , , , , , , , , , , , , , ,	None
If deceased, state cause of death:  Current age or age of death:  61 and 65	Alcoholism/substance abuse:	No To Both
Current age or age of death: 61 and 65	Grandmothers still alive?	Yes to Both
	If deceased, state cause of death:	Not applicable
One will all the Deth	Current age or age of death:	61 and 65
Grandratners still alive? No to Both	Grandfathers still alive?	No to Both
If deceased, state cause of death:  Accidental	If deceased, state cause of death:	Accidental

Current age or age at time of death:	Unknown
Grandfathers eye colour (maternal and paternal):	Unknown
Grandmothers eye colour (maternal and paternal):	Brown and green
Grandfathers hair colour (maternal and paternal):	Unknown
Grandmothers hair colour (maternal and paternal):	curly and straight
Health of grandmothers (maternal and paternal):	Both excellent
Health of grandfathers (maternal and paternal):	Both excellent
Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents:	None
Any genetic health or psychological concerns worth noting regarding your grandparents:	None
Any notes/comments re family of family health aspects - genetic ito psychological, physical, deformities, diseases, concerns:	None

## **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:	Yes
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	Yes

participate in the baby2mom egg donor 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. 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: