

# S - NG 4092, Polokwane

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Availability status:	Available now in all regions - travel costs
Race:	Black
Age:	18
Hair colour:	Black
Eye colour:	Brown
Has children:	No
Proven donor:	No
Post matric studies:	Yes
Other physical information:	1.55m., 53kg
Face shape:	Heart
Other personal information:	Christian, South African nationality. Candidate holds a B Comm Accounting. Nonsmoker. Reason for donating: To help families who cannot have children by themselves bring a little angel to the world
Reproduction history:	No children and no donations as yet.
Views on religion and spirituality:	lm a believer

# **Additional Donor Information**

#### **Initial Information**

In which town and province do you live?	Limpopo , Polokwane
Nationality:	South African
Where were you born?	Tzaneen
What language(s) do you speak?	Xitsonga, Venda, Sepedi, Isizulu, Setswana, Sesotho and English
Year of birth:	2003
Age:	18
Star sign:	Leo
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 help families who cannot have children by themselves bring a little angel to the world.
How do you best describe yourself?	Introvert , well mannered but self opinionated
Relationship status:	Single

# **Physical Profile**

Race:	Black/African
Skin complexion:	Medium
Face shape:	heart
Nose shape defined by Wikipedia:	African - wide nostrilled nose
Eye shape:	Round
Height in metres:	1.55m.
Weight in kilograms:	53kg.
What is your usual or ideal weight?	53kg.
Build and body shape:	Hourglass
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:	Curly
Hair texture:	Thick
Description of hands and fingers:	Thin and long
Any other defining traits such as breast cup, size shoe size, freckles, dimples, etc:	Shoe size 5
Are you left handed or right handed?	Right handed
With which celebrity do you most resemble - physically?	
Siblings physical traits - hair and eye colour, height, weight and build:	Black hair colour, brown eyes

## **Reproductive Information**

Are you a virgin?	No
Ever miscarried?	No
No. and ages of children (if applicable):	None
Fertility issues:	No known concerns

## **Health of Egg Donor**

Are you a twin?	No
Are you adopted?	No
Current health status, lifestyle, and/or current diseases:	Healthy
Smoker:	never smoked
Alcohol consumption per week:	0
Do you wear glasses?	Never
How would you rate your sight?	Excellent
Any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:	No
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?	No
Have you had any cancer?	No

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Have you had any heart problems?	No
Please indicate if you have any allergies:	
Any mental or psychological diseases/learning disorders including but not limited to genetic depression, bipolar, psychiatric illness, etc. Please elaborate and indicate if genetic:	No
Any physical handicaps or deformities? If yes, please state:	No
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?	No
History of asthma:	No
Indicate any medication you are taking and reason for it:	
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:	Never had an operation
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.:	No
How often do you exercise?	Daily
In which exercises or sports do you partake now?	Football
Have you excelled in any sports?	Yes
What sports did you play at school?	Football

#### **Professional and Academic Information**

Occupation:	
What is your ideal career/occupation?	Accountant
What are you doing to get to your desired profession in life?	Studying

Do you have a matric and university exemption?	Only Matric
Subjects and grades or marks at school:	Physical Sciences, Mathematics and Life Sciences
What is the name of any course/degree completed?	Bcom in Accounting science
Planned studies:	
In what aspects do you have a keen interest?	
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?	No

#### **Behavioural Traits**

What is most important in life to you?	Being successful
If you had unlimited resources and could save one thing on earth what would it be?	My phone
What are your views on religion and spirituality, and practiced religion?	Im a believer
Childhood religion:	Christian
Any specific achievements or aspects of recognition in your family:	
Interests and hobbies:	Reading
What is your preferred holiday?	Array
If you were offered an all-inclusive holiday, what would it be?	To go to Hawaii
Which interesting places have you visited?	Magoebaskloof
What are your feelings on animal welfare?	All animals should be protected
Strength and weaknesses:	Strength - i can overcome any situation, weakness - I cry easily
What do others generally think of you?	I am kind
Favourite flower:	Rose
What is your favourite meal?	Mac n cheese
What is your favourite movie?	High school musical

What is your favourite book?	
Who is your favourite actor?	
Who is your favourite actress?	
What is your favourite colour?	Grey
What is your favourite colour lipstick?	Nude
What is your favourite perfume?	Carpe Diem
Who is your favourite person?	My mom
Are you more introverted or extroverted?	Introverted
Would you prefer to go out with friends or stay in with a loved one or book?	Depends on the situation
Are you musical or played any musical instruments?	Yes
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:	South African
Country of origin and ancestry for mother and father:	Mozambique
Language spoken for mother and father:	Xitsonga
Professions for mother and father:	
Achievements on an academic level for mother and father:	Father- matric
Race for mother and father:	Black
Natural hair colour for mother and father:	Black
Eye colour for mother and father:	Brown
Height for mother and father:	Mother 1.5m father- 1.8m
Mother and father build:	Mother - hourglass father-inverse triangle
Any specific defining traits for both parents:	
Are your parents still alive?	

Health status:  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, 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:  Grandfathers still alive?  No to Both	If deceased, cause of death:	
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, 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:  Any other comments regarding any health aspects in your family:  Alcoholism/substance abuse:  No To Both  Grandmothers still alive?  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both	Age (if living, or age deceased):	Mother 43 father 42
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  Grandmothers still alive?  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both	Health status:	Healthy
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?  Only PGM  If deceased, state cause of death:  Grandfathers still alive?  No to Both	Please indicate if any twins in your family and the relationship to you:	
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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?  If deceased, state cause of death:  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?	
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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:  Alcoholism/substance abuse:  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  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:	No
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?  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both	Any physical deformities or handicaps? If yes, please state:	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?  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both	History of asthma:	Not Selected
aspects in your family:  Alcoholism/substance abuse:  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No To Both  Only PGM  Short term illness  66  Grandfathers still alive?  No to Both	Any skin disorders, albinism, ectodermal dysplasia, or other in your family – please explain:	None
Grandmothers still alive?  Only PGM  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both	Any other comments regarding any health aspects in your family:	None
If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  Short term illness  66  No to Both	Alcoholism/substance abuse:	No To Both
Current age or age of death:  Grandfathers still alive?  No to Both	Grandmothers still alive?	Only PGM
Grandfathers still alive?  No to Both	If deceased, state cause of death:	Short term illness
	Current age or age of death:	66
If deceased, state cause of death:  Stroke and gunshot	Grandfathers still alive?	No to Both
	If deceased, state cause of death:	Stroke and gunshot

Current age or age at time of death:	72 and 70
Grandfathers eye colour (maternal and paternal):	Brown
Grandmothers eye colour (maternal and paternal):	Brown
Grandfathers hair colour (maternal and paternal):	Grey
Grandmothers hair colour (maternal and paternal):	Grey
Health of grandmothers (maternal and paternal):	Healthy
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:	Not indicated
Any genetic health or psychological concerns worth noting regarding your grandparents:	Not indicated
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: