

# **S - SB 4119, Durban**



Availability status:	Available now in Durban and Umhlanga
Race:	White
Age:	27
Hair colour:	Blonde
Eye colour:	Grey blue
Has children:	Yes
Proven donor:	No
Post matric studies:	No
Other physical information:	1.7m., 83kg., big bone structure, athletic and healthy
Face shape:	Square
Other personal information:	Christian, South African, Oblood group. Candidate is a very happy and bubbly person. She is always keen to help and has flexible skills, can work in hairdressing and accounting. She is very healthy, striving and outgoing, self motivated and has the interests of others at heart. Light to non-smoker. Reason for donating: I would like to bring joy to other people by helping them with donating my eggs, I'd like to help people as it makes me happy,
Reproduction history:	One son and no donations as yet.
Views on religion and	Christian

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spirituality:	
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# **Additional Donor Information**

#### **Initial Information**

In which town and province do you live?	KwaZulu-Natal
Nationality:	South African
Where were you born?	Johannesburg
What language(s) do you speak?	Afrikaans and English
Year of birth:	1996/09/06
Age:	27
Star sign:	Virgo
Blood group (if known):	O-
Why do you want to be an egg donor and if you had a message for your recipient what would it be?	I would like to bring joy to other people by helping them with donating my eggs, I'd like to help people as it makes me happy.
How do you best describe yourself?	Bubbly, funny, engage well with others, outgoing, well spoken, motivated, friendly and kind
Relationship status:	Engaged

### **Physical Profile**

Race:	White/ Caucasian
Skin complexion:	Fair
Face shape:	square
Nose shape defined by Wikipedia:	Greek - perfect straight nose
Eye shape:	Round Almond
Height in metres:	1.8
Weight in kilograms:	83
What is your usual or ideal weight?	67kg.
Build and body shape:	Tall and slim, big boned
Which body part is most sensitive to weight gain or loss?	Hips
Eye colour:	Blue

Natural hair colour:	Blonde
Hair colour as a child:	Blonde
Hair type:	Wavy
Hair texture:	medium
Description of hands and fingers:	Long fingers, well groomed nails, very feminine, strong feet, size 6/7.
Any other defining traits such as breast cup, size shoe size, freckles, dimples, etc:	34B cup size, 6 or 7 size shoe, dimples around my mouth, tall and big boned
Are you left handed or right handed?	Ambidextrous
With which celebrity do you most resemble - physically?	Tailor swift
Siblings physical traits - hair and eye colour, height, weight and build:	Blonde hair, green eyes, skinny and medium length

### **Reproductive Information**

Are you a virgin?	No
Ever miscarried?	No
No. and ages of children (if applicable):	One child born early 2021.
Fertility issues:	None

# **Health of Egg Donor**

Are you a twin?	No
Are you adopted?	No
Current health status, lifestyle, and/or current diseases:	Healthy
Smoker:	0 - 5 per day
Alcohol consumption per week:	None
Do you wear glasses?	Never
How would you rate your sight?	Great
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

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Have you had any cancer?	No
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:	None indicated
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 indicated
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?	Walking
Have you excelled in any sports?	Yes
What sports did you play at school?	Netball and athletes

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

Occupation:	Stay at home mom
What is your ideal career/occupation?	Accountant
What are you doing to get to your desired	

profession in life?	
Do you have a matric and university exemption?	No matric
Subjects and grades or marks at school:	
What is the name of any course/degree completed?	Hairdressing
Planned studies:	
In what aspects do you have a keen interest?	Accounting
What type of books do you like to read?	Array
Would you prefer to read the book or watch the movie?	Read the Book
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 family
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?	Christian
Childhood religion:	Christian
Any specific achievements or aspects of recognition in your family:	None indicated
Interests and hobbies:	Books,outings to parks and pick nicks, movies , swimming , family time
What is your preferred holiday?	Array
If you were offered an all-inclusive holiday, what would it be?	Safari
Which interesting places have you visited?	None indicated
What are your feelings on animal welfare?	I am very protective of animals
Strength and weaknesses:	Strength - efficient and intelligent.
What do others generally think of you?	Kind
Favourite flower:	Sunflower
What is your favourite meal?	Pasta
What is your favourite movie?	The notebook

What is your favourite book?	Goosebumps
Who is your favourite actor?	
Who is your favourite actress?	
What is your favourite colour?	Blue
What is your favourite colour lipstick?	Pale
What is your favourite perfume?	
Who is your favourite person?	My fiance
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?	No
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
Professions for mother and father:	
Achievements on an academic level for mother and father:	
Race for mother and father:	Both white
Natural hair colour for mother and father:	Both blonde
Eye colour for mother and father:	Green and blue
Height for mother and father:	Mom - tall, dad - short
Mother and father build:	Mom - big boned, dad - small and slim
Any specific defining traits for both parents:	None
Are your parents still alive?	

Age (if living, or age deceased):  Health status:  Health y  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:  No  In your family, has anyone suffered from/currently have any health concorens/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:  Any skin disorders, alibinism, 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  If deceased, state cause of death:  Unknown	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, 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:  -1  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  Noto Both	Age (if living, or age deceased):	50 and 57
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, hearnphilia, 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?  No to Both  If deceased, state cause 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:  No  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:  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  If deceased, state cause of death:  Grandfathers still alive?  No to Both	1	None indicated
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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:  -1  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  If deceased, state cause of death:  Cancer  Current age or age of death:  Grandfathers still alive?  No to Both	from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria,	
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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:  Mo 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  Mo to Both	disability or learning disorders including genetic depression, bipolar, psychiatric illness in siblings	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?  No to Both  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both  No to Both	1	No
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	History of asthma:	-1
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  No to Both	dysplasia, or other in your family – please	None indicated
Grandmothers still alive?  If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  No to Both  No to Both	, , , , , , , , , , , , , , , , , , , ,	None indicated
If deceased, state cause of death:  Current age or age of death:  Grandfathers still alive?  Cancer  68  No to Both	Alcoholism/substance abuse:	No To Both
Current age or age of death:  Grandfathers still alive?  No to Both	Grandmothers still alive?	No to Both
Grandfathers still alive?  No to Both	If deceased, state cause of death:	Cancer
	Current age or age of death:	68
If deceased, state cause of death:  Unknown	Grandfathers still alive?	No to Both
	If deceased, state cause of death:	Unknown

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

# **Egg Donation Stipulations**

Please indicate if you have any donation conditions or criteria such as persons to whom you prefer not to donate:	None indicated
Preferred town to donate:	Durban
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: