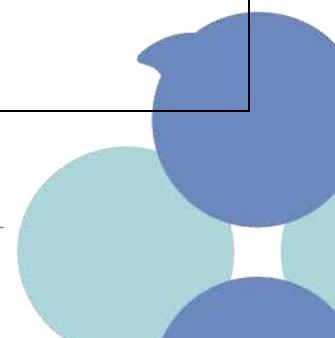


Egg Donor Registration Form

个人信息 Personal Information	
Name 姓名:	
Date of Birth 出生年月:	
Height (ft) 身高:	
Weight (lb.) 体重:	
BMI (BMI = weight in kilograms/height in meters squared): 身体质量指数	
Phone number 联系方式:	
Email Address 邮箱:	
Race 种族:	
Ethnicities / Heritage 族裔:	
Blood Type 血型 :	
Occupation 职业 :	
Current Location 现居地 :	
Hair Color 发色 :	
Eyes Color 瞳色 :	
AMH ng/ml, report date (报告时间):	
Marital Status 已婚、未婚 :	
What is your highest degree and major 最高学历及专业?	
Compensation Expectation 补偿金期望值 ?	

其他信息 Other Information	
GPA or Test Scores: 绩点、考试成绩 ?	
Interests or Hobby? : 兴趣爱好	



医疗详细信息 Medical Information:

Are you currently pregnant or breastfeeding? 您现在正在怀孕中、哺乳期吗？

Have you or partner ever been diagnosed with any sexually transmitted diseases in the last 12 months? 您和您的伴侣在过去的12个月内有性传播疾病吗？

Are you currently or have you in the last 6 months used any of the following forms of birth control: Depo Provera, Mirena, Skyla, or Kyleena IUD, Seasonalle, Seasonique, Norplant, Implanon, Nexplanon? 您现在或在过去的12个月内有使用任何避孕方式吗？

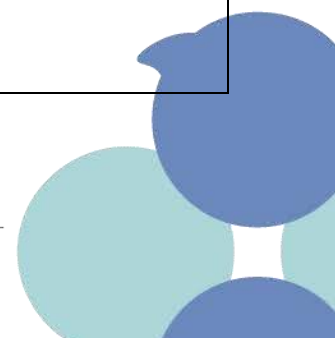
Have you used nicotine and/or recreational drugs in the past 12 months? 您在过去的12个月内有使用过尼古丁等类药品？

Have you ever received treatment for drug or alcohol abuse? 您曾经是否有接受过药品、滥用酒精等戒毒治疗？

Have you ever been formally diagnosed with a medical condition of any kind? 您曾经被确诊过任何疾病吗？

Have you ever been admitted to a psychiatric facility/hospital? 有无精神病院、医院住院史？

Have you or anyone in your immediate family (Mom, Dad, Siblings) ever been diagnosed with Schizophrenia or Bipolar Disorder? 您的家庭成员中（父亲、母亲、兄弟姐妹）是否有被诊断过精神分裂双向情感障碍病史？



Is your menstrual cycle regular? What's the length of your menstrual cycle? 您的生理周期正常吗？一般多少天？

Were you adopted? 是否被领养？

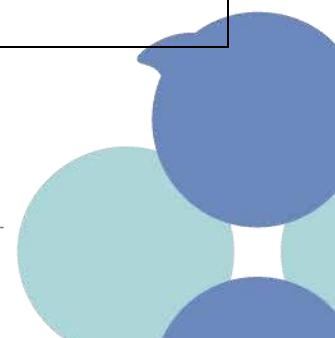
Do you have knowledge of your biological family's medical history, such as parents, grandparents, and siblings? 您了解其他直系家族成员的医疗史吗？如父母、外祖父母、亲兄弟姐妹等？

Are you a smoker? Do you smoke cigarettes, e-cigarettes, Vape, marijuana? 您是否吸烟？种类？

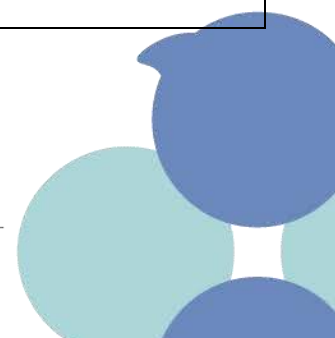
Why do you want to become a donor? 您为什么想要捐卵？

Do you have any donation history? Please provide time, location and result. 您曾经捐过卵吗？请列出时间、地点及取卵结果？

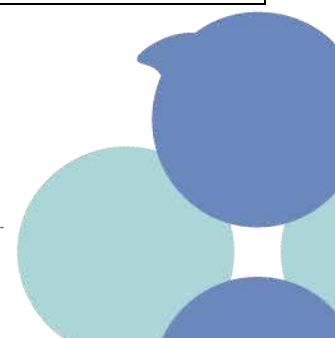
Have you ever done Genetic Test? If so, please list variant genes you carry. 是否有做过基因检查报告、是否携带任何疾病基因？请列出具体携带项目：



Family Member History: 家庭成员健康史	
Mother 母亲	
Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史	
Father 父亲	
Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史	



Family Member History: 家庭成员健康史	
Paternal Grandmother 祖母	
Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Occupation 职业	
Any Disease 有无疾病史	
Paternal Grandfather 祖父	
Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史	



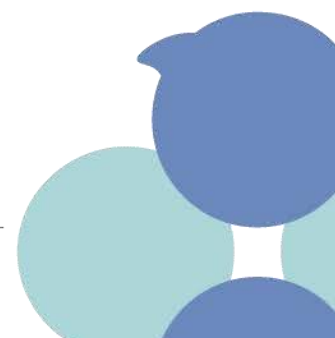
Family Member History: 家庭成员健康史

Maternal Grandmother 外祖母

Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史	

Maternal Grandfather 外祖父

Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史 :	



Family Member History: 家庭成员健康史

Siblings #1 (Full/Half Siblings Only-No Step Siblings)

Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史 :	

Siblings #2 (Full/Half Siblings Only-No Step Siblings)

Date of Birth (Month and Year only) 出生年月	
Age at death and cause of death (if applicable) 如果已去世、请提供去世时年龄及原因	
Height 身高	
Weight 体重	
Ethnicity 种族	
Eye Color 瞳色	
Hair Color 发色	
Highest level of education completed 学历	
Occupation 职业	
Any Disease 有无疾病史 :	

