

The Basic Qualifications of our Donors

- All our donors are between the ages of 19- 25, in good health, and free of tobacco for the donation cycle. We do a strict check for street drugs. Urine tests will confirm this during the initial physical exam by the fertility Physician.
- All of them are HIV and hepatitis negative.
- Severely overweight Donors are not accepted as the Donors health and egg quality may be compromised.
- They must be able to commit to the entire donation process, and be able to demonstrate integrity and dependability throughout it.
- They must be comfortable with their decision to donate their eggs to assist an infertile couple or a single parent in conceiving a child.
- If they are married, their Husband will also be required to sign a consent form regarding their decision to donate.

Egg Donor Details



Physical Characteristics

Name	: Jyoti
Age	: 24 yrs.
Height	: 5'2"
Weight	: 58 Kg
Body Build	: Medium
Eye Color	: Black
Hair Color	: Black
Hair Type (Straight, Wavy, Thin etc)	: Wavy, Soft
Complexion:	: Fair
Vision	: Perfect (6/6)
Right/Left handed	: Right

Personal Information

Nationality	: Indian
Religion	: Hindu
Marital Status	: Married
Children (if any)	: 1
Hobbies	: Painting, Spending time with friends
Favorite Movie	: Maine Pyaar Kiya, Agneepath
Favorite Color	: Bottle Green, Blue
Favorite Book	: I too had Love Story
Favorite TV show	: FIR
Favorite Place	: Manali
Favorite Food	: Indian Food
Favorite Music	: Sufi Songs
Favorite Animal	: Dogs, Cats
Exercise (Yes/No)	: Yes
If yes, then the type & frequency	: Yoga (30 Min./Day)
Smoking (Yes/No)	: No
If yes, then the amount & frequency	: None
Alcohol (Yes/No)	: No
If yes, then the amount & frequency	: None

Education and Work Information

Highest Level of Education	: Graduate
Currently Employed	: Yes
If yes, then current designation	: Admin Executive

Ob/Gyn History

Cycle length : 5 Days
Regular/irregular? : Regular
Are you using any contraceptives : Yes,
presently? If so, which one? : Condom
No of pregnancies (If Any) : One
Miscarriages (If Any) : No
Abortions (If Any) : No
Previous Donor - Yes/No (please include the year and outcome) : Yes, Once (February 2012), Positive Pregnancy

Personal Health & Medical Information

Does the donor or anyone in her family had any of the following conditions?

Condition	Yes	No
1. Down's Syndrome		✓
2. Deafness (prior to age 50)		✓
3. Blindness		✓
4. Cataracts		✓
5. Serious Birth Defects		✓
6. "Open Spine" or "Water on the Brain" (Neural tube defects)		✓
7. Congenital Heart		✓
8. Two or More Miscarriages or Stillborn		✓
9. Diabetes Mellitus		✓
10. Thyroid Disease		✓
11. Progressive Kidney Disease		✓
12. Skin Disease		✓
13. Arthritis		✓
14. Hemophilia		✓
15. Anemia		✓
16. Cancer		✓
17. Edema		✓
18. Epilepsy		✓
19. Goiter		✓
20. Gout		✓
21. Hernia, Inguinal		✓
22. Myasthenia Gravis		✓
23. Parkinson's Disease		✓
24. Paraplegia		✓

Condition	Yes	No
25. Varicose Veins		✓
26. Cirrhosis		✓
27. Emphysema		✓
28. Lymphedema		✓
29. Heart Attacks		✓
30. Sexually Transmitted Disease		✓

Family Health History

Father

Living: Yes

Age (or age at death): 49 Yrs.

Any Health Problems	Age Diagnosed
No	None

Mother

Living: Yes

Age (or age at death): 43 Yrs.

Any Health Problems	Age Diagnosed
No	None

Siblings (if any)

Sex	Age	Health Problems	Age Diagnosed
M	24	No	None

Children (if any)

Sex	Age	Health Problems	Age Diagnosed
M	5	No	None