

## EGG DONOR INFORMATION



**DONOR ID #4303**

### SHORT BIOGRAPHY:

She has a deep love for traveling, always eager to explore new places and immerse herself in different cultures. One of her favorite things about traveling is discovering unique flavors and trying new cuisines from around the world. As an Accountant, she is highly detail-oriented and dedicated to her work. Family is very important to her, and she shares a close bond with her only sister, whom she considers both a best friend and a lifelong companion.

## DONOR PERSONAL INFORMATION

**Location:** Argentina

**Height:** 5' 7"

**Year of Birth:** 2000

**Weight:** 122

**Ethnicity:** Eastern European

**Eye Color:** Brown

**Maternal Heritage:** Italian

**Natural Hair Color:** Blonde

**Parental Heritage:** Italian



## PERSONAL INFORMATION

### WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Master's degree

### DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

### PLEASE INDICATE WHAT TYPE OF BIRTH CONTROL YOU ARE CURRENTLY USING:

Birth control pills

### PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

My goal is to have a job in which I'm comfortable with and have a nice family.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was a very active child who loved to make new friends and play with them. I enjoyed going to play at the park.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory was when I went to Disney World with my family. It was an amazing experience.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a very organized and responsible person. I'm also very talkative and friendly.

### WHAT ARE YOUR FAVORITE FOODS?

My favourite food is pizza and pasta.

### WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time I love travelling and trying new kinds of food.

### WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strengths is that I'm empathic, problem solving and I have attention to details.  
My greatest weakness is that I'm an impulsive person.

### IF YOU COULD VISIT ANYWHERE IN THE WORLD, WHERE WOULD IT BE AND WHY?

I would visit Thailand because there are amazing beaches.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up at 8 AM and start my day with a refreshing workout at the gym, setting a positive tone for the day. After that, I enjoy a nourishing breakfast to fuel my energy before diving into work. Once I've completed my tasks, I love unwinding by meeting up with friends, sharing good conversations and laughter. I prioritize rest, so I make sure to go to bed early, allowing myself to recharge for another fulfilling day ahead.

### WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I would be grateful to fulfill someone's dream to become a parent. I understand how important is this for them.

### WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

I loved Maths and gym.

### PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I understand the donor selection process is delicate, and I am honored you've entrusted me to play such a significant role in your journey. I hope that this egg donation is successful for you and your family.

### ARE YOU COMMITTED TO BEING A DONOR?

Yes, very committed.

DO YOU SMOKE CIGARETTES?

No

FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Brown	Brown	Light Brown	6'3	176	Mesomorph	Bachelor Degree	Plane Pilot
Mother	Green	Blonde	Light	5'7	143	Mesomoprh	Bachelor Degree	Biochemistry
Brother 1					121	Mesomorph	Studying At University	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

14

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

28

HAVE YOU HAD A DIAGNOSIS OF ANY GYNECOLOGICAL PROBLEMS (IE; ENDOMETRIOSIS, PCOS, ABNORMAL PAP SMEARS, ETC.)?

No

HAVE YOU OR A PARTNER EVER BEEN DIAGNOSED WITH A SEXUALLY TRANSMITTED INFECTION (IE; CHLAMYDIA, GONORRHEA, SYPHILIS, HERPES, TRICHOMONAS, ETC.)?

No

DID YOUR MOTHER TAKE DES WHILE SHE WAS PREGNANT WITH YOU?

No

HAVE YOU EVER BEEN TOLD YOU ARE INFERTILE?

No

IS THERE A HISTORY OF INFERTILITY IN YOUR FAMILY?

No

HAVE YOU BEEN SEXUALLY ACTIVE DURING THE PAST SIX MONTHS?

Yes

ARE YOU CURRENTLY SEXUALLY ACTIVE?

No

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

No

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

Fucsia

WHEN

Now

DO YOU USE OTHER FORMS OF BIRTH CONTROL

Yes

**IF YES, WHAT TYPE(S)**

Profilactic

**HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?**

No

**HAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE SUSPECTED OR KNOWN TO BE HIV POSITIVE?**

No

**HAVE YOU EVER HAD RELATIONS WITH A MAN WHO HAS ENGAGED IN ANAL INTERCOURSE OR ORAL SEX WITH ANOTHER MAN?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (I.E., LEAD, MERCURY, GOLD)?**

No

## MEDICAL HISTORY

**DO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)?**

No

**HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:**

Breast augmentation surgery

**LIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.)**

No

**DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:**

No

**LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:**

Nothing

**LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:**

Tramadol for the surgery listed above  
Ibuprofen

**HAVE YOU EVER HAD A BLOOD TRANSFUSION?**

No

**HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (IE; LEAD, MERCURY, GOLD)?**

No

**HAVE YOU EVER HAD UNEXPLAINED WEIGHT LOSS?**

No

**HAVE YOU EVER HAD KAPOSI SARCOMA?**

No

**HAVE YOU EVER HAD FEVER OF UNKNOWN ORIGIN?**

No

**HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE WITH THE ABOVE SYMPTOMS/DISEASES?**

No

**DO YOU SMOKE CIGARETTES?**

No

**DO YOU DRINK ALCOHOL?**

Yes

**WHAT TYPES OF ALCOHOLIC BEVERAGES DO YOU DRINK?**

Wine (sometimes)

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?**

0

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?**

1

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?**

4

**HAVE YOU EVER USED RECREATIONAL DRUGS? (LSD, MARIJUANA, HEROIN OR COCAINE, ETC.)**

No

**HAVE YOU EVER BEEN TREATED FOR DEPRESSION?**

No

**HAVE YOU EVER ATTEMPTED SUICIDE?**

No

**FAMILY MEDICAL HISTORY**

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Maternal Grandmother		80	Natural Decease
Paternal Grandmother		90	Cardiac Attack
Paternal Grandfather		70	Accident

**BONES, MUSCLES, JOINTS, LIMBS**

No

**GASTROINTESTINAL SYSTEM**

No

**NERVOUS SYSTEM, BRAIN, SPINAL CORD**

No

**BLOOD OR CIRCULATORY SYSTEM**

No

**RESPIRATORY SYSTEM**

No

**GENITAL/URINARY TRACT**

No

**METABOLIC (HORMONES, ENZYMES, ETC)**

No

**DETAILED FAMILY MEDICAL HISTORY****OTHER FAMILY**

- Heart attack

**DESCRIBE YOUR OTHER FAMILY'S SELECTED MEDICAL PROBLEM**

Heart attack - Granmother - cause of death

**DONOR RISK ASSESSMENT QUESTIONNAIRE****1. HAVE YOU INJECTED DRUGS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS, INTRAMUSCULAR AND SUBCUTANEOUS INJECTION?**

No

**2. HAVE YOU RECEIVED HUMAN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR FACTOR IX CONCENTRATE FOR HEMOPHILIA OR A RELATED CLOTTING DISORDER?**

No

**3. IN THE PAST FIVE YEARS, HAVE YOU BEEN GIVEN MONEY OR DRUGS IN EXCHANGE FOR HAVING SEX?**

No

**4. IN THE PAST 12 MONTHS, HAVE YOU BEEN IN JAIL FOR MORE THAN 72 CONSECUTIVE HOURS?**

No

**5. IN THE PAST 12 MONTHS, HAVE YOU HAD SEX WITH ANYONE WHO WOULD ANSWER YES TO THE PREVIOUS QUESTIONS?**

No

**6. IN THE PREVIOUS 12 MONTHS, HAVE YOU HAD SEX WITH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS B OR HEPATITIS C?**

No

**7. IN THE PAST 12 MONTHS, HAVE YOU BEEN EXPOSED TO KNOWN OR SUSPECTED HIV, HEPATITIS B AND/OR HEPATITIS C INFECTED BLOOD THROUGH PERCUTANEOUS INOCULATION (E.G., NEEDLE STICK) OR THROUGH CONTACT WITH AN OPEN WOUND, NON-INTACT SKIN OR MUCUS MEMBRANE?**

No

**8. IN THE PAST 12 MONTHS HAVE YOU HAD AN ACCIDENTAL NEEDLE STICK, SHARP INSTRUMENT INJURY, CONTACT WITH HUMAN BLOOD, SERUM OR PLASMA IN THE EYE, MUCOUS MEMBRANES (LIPS OR INTERIOR OF NOSE) OR SORES?**

No

**9. IN THE PAST 12 MONTHS , HAVE YOU LIVED WITH (RESIDED IN THE SAME DWELLING) ANOTHER PERSON WHO HAS HEPATITIS B OR CLINICALLY ACTIVE (SYMPTOMATIC) HEPATITIS C INFECTION?**

No

**10. IN THE PAST 12 MONTHS, HAVE YOU HAD EAR, SKIN OR BODY PIERCING, SCARIFICATION OR TATTOOING?**

No

**11. HAVE YOU HAD A CLINICAL DIAGNOSIS OF HEPATITIS?**

No

**12. HAVE YOU, YOUR SEXUAL PARTNER(S) AND/OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD A TRANSPLANT OR MEDICAL PROCEDURE THAT INVOLVED BEING EXPOSED TO LIVE CELLS, TISSUE OR ORGANS FROM AN ANIMAL?**

No

**13. HAVE YOU BEEN SUSPECTED TO HAVE OR DIAGNOSED WITH WEST NILE VIRUS (INCLUDING DIAGNOSIS BASED ON SYMPTOMS AND/OR LABORATORY RESULTS, OR CONFIRMED WNV VIREMIA) IN THE PAST 120 DAYS?**

No

**14. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD A SMALLPOX VACCINATION?**

No

**15. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD CLOSE CONTACT WITH A SMALLPOX VACCINATION SITE OF SOMEONE ELSE WHO RECEIVED THE VACCINATION (EXAMPLES INCLUDE TOUCHING THE SITE, THE BANDAGES COVERING THE SITE OR HANDLING BEDDING OR CLOTHING THAT HAS BEEN IN CONTACT WITH AN UNBANDAGED VACCINATION SITE)?**

No

**17. HAVE YOU OR ANY OF YOUR BLOOD RELATIVES BEEN DIAGNOSED WITH CREUTZFELDT-JAKOB DISEASE (CJD)?**

No

**18. HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ANY DEGENERATIVE OR DEMYELINATING DISEASE OF THE CENTRAL NERVOUS SYSTEM OR OTHER NEUROLOGICAL DISEASE OF UNKNOWN ETIOLOGY?**

No

**20. HAVE YOU EVER RECEIVED A NON-SYNTHETIC DURA MATER (BRAIN COVERING) GRAFT**

No

**21. HAVE YOU RECEIVED A BITE FROM AN ANIMAL SUSPECTED FOR RABIES WITHIN THE LAST 6 MONTHS?**

No

**22. HAVE YOU BEEN DIAGNOSED OR SUSPECTED TO HAVE T. CRUZI INFECTION OR CHAGAS DISEASE?**

No

**23. FROM 1980 THROUGH 1996 WERE YOU A MEMBER IF THE U.S. MILITARY, A CIVILIAN MILITARY EMPLOYEE OR A DEPENDENT OF A MILITARY MEMBER OR CIVILIAN MILITARY EMPLOYEE?**

No

**24. SINCE 1980, HAVE YOU EVER LIVED IN OR TRAVELED TO EUROPE (INCLUDES: ALBANIA, AUSTRIA, BELGIUM, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, IRELAND, ITALY, LIECHTENSTEIN, LUXEMBOURG, MACEDONIA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, SLOVAK REPUBLIC, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, AND YUGOSLAVIA)?**

No

**FDA REQUIRED SCREENING**



**HAVE YOU EVER HAD A SEXUALLY TRANSMITTED DISEASE OR INFECTION (STD/STI)?**

No

**IN THE PAST 5 YEARS HAVE YOU HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAVE YOU HAD A PARTNER WHO HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAS YOUR CURRENT PARTNER EVER BEEN IN PRISON?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO HAS BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEX WITH A PERSON KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B OR HEPATITIS C?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN CONTACT WITH A PERSON KNOWN OR SUSPECTED TO HAVE ACTIVE VIRAL HEPATITIS?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO WOULD ANSWER YES TO ANY OF THE ABOVE QUESTIONS?**

No

**HAVE YOU EVER GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR ANY SEXUAL ACT?**

No

**WERE YOU BORN IN OR DID YOU LIVE IN OR TRAVEL TO AFRICA BETWEEN 1977 AND TODAY?**

No

**HAVE YOU HAD SEXUAL CONTACT WITH ANYONE BORN IN OR LIVED IN AFRICA BETWEEN 1977 AND TODAY?**

No

**AFTER AGE 11, HAVE YOU HAD VIRAL HEPATITIS, HEPATITIS B, OR HEPATITIS C?**

No

**HAVE YOU EVER BEEN TOLD THAT YOU COULD NOT DONATE BLOOD?**

No

**HAVE YOU EVER RECEIVED A BLOOD TRANSFUSION?**

No

**HAS YOUR PARTNER EVER RECEIVED A BLOOD TRANSFUSION?**

No

**DO YOU HAVE A BLOOD CLOTTING DISORDER AND RECEIVE HUMAN DERIVED CLOTTING FACTOR CONCENTRATION?**

No

**HAVE YOU EVER RECEIVED GROWTH HORMONES MADE FROM HUMAN PITUITARY GLANDS (HGH)?**

No

**INJECTED ANY TYPE OF DRUG FOR NON-MEDICAL REASONS**

No

**USED MARIJUANA (INCLUDING MEDICAL MARIJUANA)**

No

**USED COCAINE IN ANY FORM**

No

**USED LSD (ANGEL DUST)**

No

**USED METHAMPHETAMINE**

No

**USED ANY ILLICIT DRUG NOT LISTED**

No

**HAVE YOU EVER USED PRESCRIPTION MEDICATIONS FOR REASONS OTHER THAN THEIR INTENDED USE?**

No

**ARE YOU CURRENTLY USING ANY ILLICIT DRUGS OR PRESCRIPTION DRUGS FOR NON-MEDICAL REASONS?**

No

**DURING WORK ARE YOU EXPOSED TO TOXIC OR RADIOACTIVE SUBSTANCES?**

No

**HAVE YOU EVER HAD A NEEDLE STICK INJURY?**

No

**HAVE YOU EVER BEEN TESTED FOR HIV/AIDS?**

No

**HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?**

No

**IN THE PAST 7 DAYS HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH WEST NILE VIRUS (WNV)?**

No

**HAVE YOU EVER RECEIVED A DURA-MATER (BRAIN COVERING TISSUE) GRAFT?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH CJD?**

No

**BETWEEN 1980 AND 1996 WERE YOU A MEMBER OF THE US MILITARY OR CIVILIAN EMPLOYEE?**

No

**BETWEEN 1980 AND 1996 WERE YOU A DEPENDENT OF A MEMBER OF THE US MILITARY?**

No

**HAVE YOU TRAVELED TO A COUNTRY AFFECTED BY OR TREATED FOR SARS IN THE PAST 14 DAYS?**

No

**HAVE YOU BEEN WITH AN INDIVIDUAL AFFECTED BY SARS IN THE PAST 14 DAYS?**

No

**IN THE PAST 12 MONTHS HAVE YOU RECEIVED ANY OF THE FOLLOWING**

- None

**TRAVEL****BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED TO ANY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**MEXICAN RIVIERA**

- Mexico (ANY part of the country)

**THE CARIBBEAN**

- Antigua & Barbuda
- Aruba
- The Bahamas
- Jamaica
- Puerto Rico
- Turks & Caicos Islands

**CENTRAL AMERICA**

- NONE

**PACIFIC ISLANDS**

- NONE

**SOUTH AMERICA**

- Argentina
- Brazil

**ASIA**

- NONE

**AFRICA**

- NONE

**UNITED STATES**

- Miami-Dade County, Florida

**MEDICAL HISTORY****OTHER HEART DISEASE**

None

**OTHER BREATHING PROBLEM**

None

**OTHER KINDNEY PROBLEM**

None
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**OTHER BLADDER PROBLEM**

None
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**OTHER GI DISEASE**

None
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**OTHER MUSCULOSKELETAL DISEASE**

None
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**OTHER HORMONAL DISEASE**

None
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**OTHER REPRODUCTIVE DISEASE**

None
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**OTHER BLOOD DISEASE**

None
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**OTHER EYES, EARS, AND SKIN DISEASE**

None
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**OTHER NEUROLOGICAL DISEASE**

None
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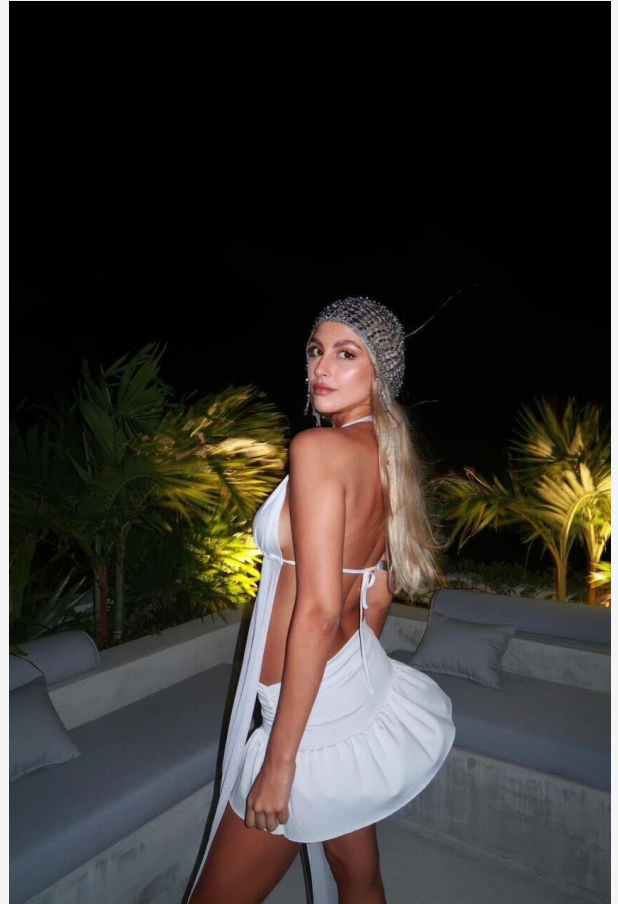
**OTHER PSYCHOLOGICAL DISORDER**

None
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**ANY OTHER DISEASE OR DISORDER**

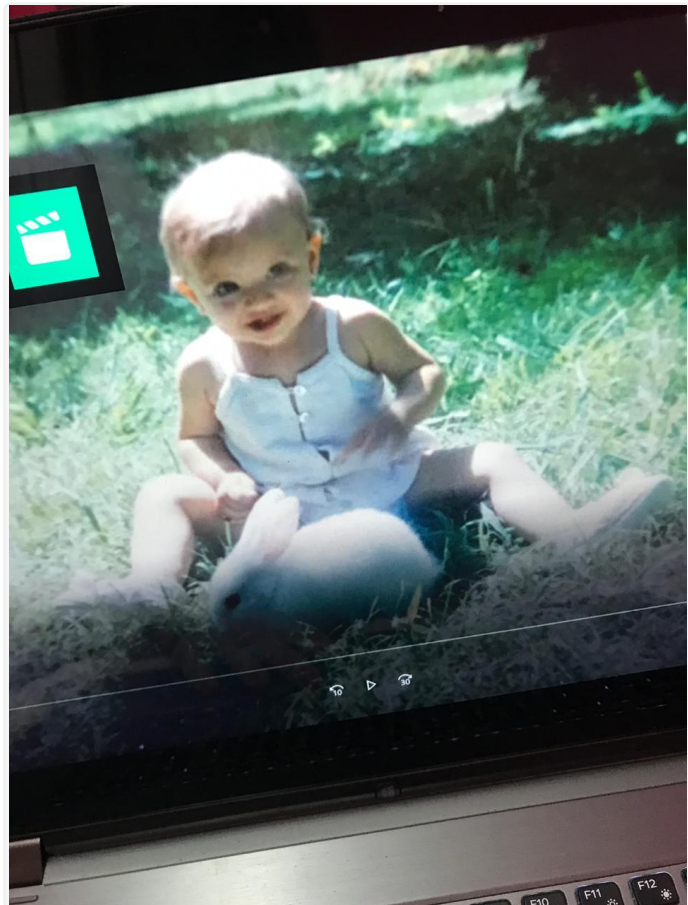
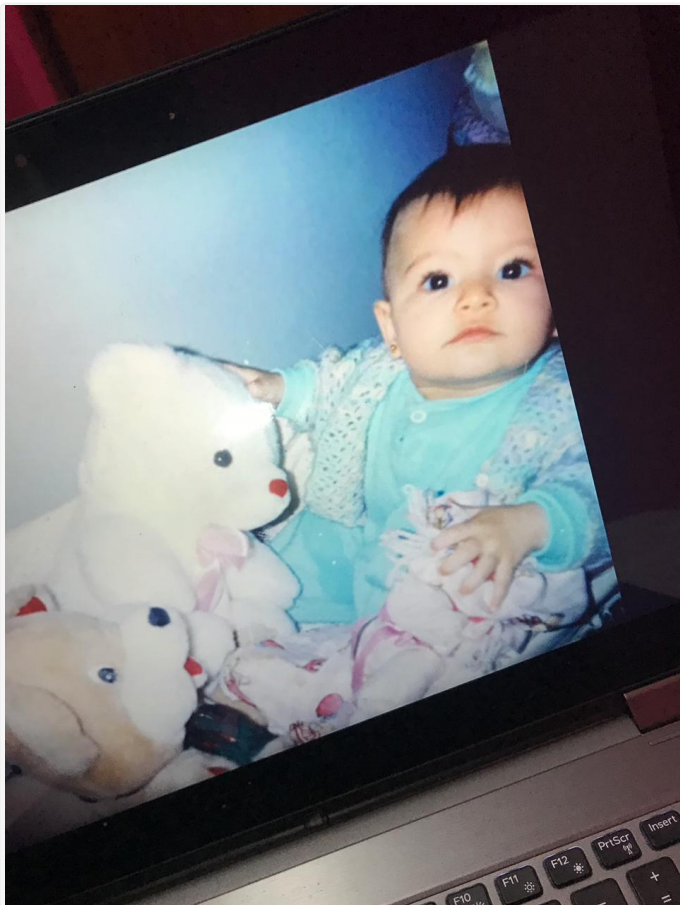
None
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## DONOR ADDITIONAL PHOTOS





## CHILDHOOD ADDITIONAL PHOTOS



## FAMILY ADDITIONAL PHOTOS

