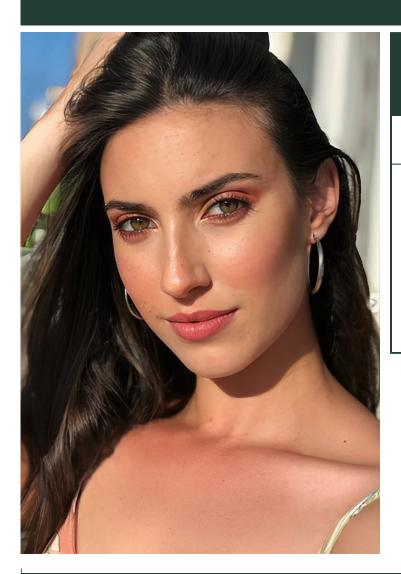


EGG DONOR INFORMATION



DONOR ID #4327

SHORT BIOGRAPHY:

She leads a healthy and balanced lifestyle, free from vices, grounded in mindfulness, and enriched by regular physical activity. Taking care of her body and mind is a priority, and she genuinely enjoys staying active through sports.

DONOR PERSONAL INFORMATION

Location: United States **Height:** 6' 0"

Year of Birth: 1998 Weight: 145

Ethnicity: Latina or Hispanic **Eye Color:** Hazel

Maternal Heritage: Italian and Lebanese Natural Hair Color: Brown

Parental Heritage: Croatian and German

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

High school graduate

DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

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

Pills

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

Work on what I like and travel

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Fun, played a lot, outgoing

DESCRIBE YOUR FAVORITE MEMORY.

Play with my pets

DESCRIBE YOUR PERSONALITY AND CHARACTER

Determined, ambitious, strong and temperamental character

WHAT ARE YOUR FAVORITE FOODS?

Pizza, pasta, milanesas, empanadas

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

Go to the beach

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strength for me is my determination and character but I could also say that my greatest weakness is feelings

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

Italy, for the food and ancient architecture

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

Have breakfast, train, work, have dinner and when I'm free I like to go to the beach, be with friends, get to know new places

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

Because I think I come from a family with very good genes and I am very lucky with the beauty I possess and I wish I could help others

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Ethics, history and geography

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I hope I can help you and that you can have a healthy and beautiful family and achieve your dreams of being a father or mother.

ARE YOU COMMITTED TO BEING A DONOR?

Yes

DO YOU SMOKE CIGARETTES?

NΙ	
IN	

FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Green	Brown	White	6'2	165	Athletic	High School	Fisherman
Mother	Brown	Black	White	5'11	140	Slim	High School	Teacher

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

11

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?

Yes

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST SIX MONTHS?

4

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

Yes

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

No

DO YOU USE OTHER FORMS OF BIRTH CONTROL

No

HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?

No

No				
HAVE YOU EVER HAD SEXU	JAL RELAT	TIONS WITH ANYONE	WITH THE ABOVE SYMPTOMS/DISEASES?	
No				
DO YOU SMOKE CIGARETT	ES?			
No				
DO YOU DRINK ALCOHOL?				
No				
HAVE YOU EVER USED REC	REATION	AL DRUGS? (LSD, MAR	RIJUANA, HEROIN OR COCAINE, ETC.)	
No				
HAVE YOU EVER BEEN TRE	ATED FOR	R DEPRESSION?		
No				
HAVE YOU EVER ATTEMPT	ED SUICID	DE?		
No				
FAMILY MEDICAL HISTORY				
Family Member	Age	Age At Death	Medical Problems Or Cause Of Death	
BONES, MUSCLES, JOINTS,	LIMBS			
No				
GASTROINTESTINAL SYSTE	EM			
No				
NERVOUS SYSTEM, BRAIN,	SPINAL (CORD		
No				
BLOOD OR CIRCULATORY S	SYSTEM			
No				
RESPIRATORY SYSTEM				
No				
GENITAL/URINARY TRACT				
No				
METABOLIC (HORMONES, ENZYMES, ETC)				
No				
DETAILED FAMILY M	IEDICAL	. HISTORY		
DESCRIBE YOUR SELECTED	MEDICAL	PROBLEM		
None				
DESCRIBE YOUR MOTHER'S	SELECTI	ED MEDICAL PROBLEM		
None				

HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

None	
DESCRIBE YOUR SIBLINGS'S SELECTED MEDICAL PROBLEM	1
None	
GRANDPARENTS	OTHER FAMILY
• Anemia	• Acne
DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PRO	OBLEM
None	
DESCRIBE YOUR OTHER FAMILY'S SELECTED MEDICAL PRO	DBLEM
None	
DONOR RISK ASSESSMENT QUESTIONNAIRE	
1. HAVE YOU INJECTED DRUGS FOR A NON-MEDICAL REAS INTRAMUSCULAR AND SUBCUTANEOUS INJECTION?	ON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS,
No	
2. HAVE YOU RECEIVED HUMAN-DERIVED CLOTTING FACTOR IX CONCENTRATE FOR HEMOPHILIA OR A RELATE	·
No	
3. IN THE PAST FIVE YEARS, HAVE YOU BEEN GIVEN MONE	EY 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 AN QUESTIONS?	YONE WHO WOULD ANSWER YES TO THE PREVIOUS
No	
6. IN THE PREVIOUS 12 MONTHS, HAVE YOU HAD SEX WIT B OR HEPATITIS C?	TH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS
No	
7. IN THE PAST 12 MONTHS, HAVE YOU BEEN EXPOSED TO HEPATITIS C INFECTED BLOOD THROUGH PERCUTANEOUS WITH AN OPEN WOUND, NON-INTACT SKIN OR MUCUS ME	INOCULATION (E.G., NEEDLE STICK) OR THROUGH CONTACT
No	
B. IN THE PAST 12 MONTHS HAVE YOU HAD AN ACCIDENT. WITH HUMAN BLOOD, SERUM OR PLASMA IN THE EYE, MU SORES?	AL NEEDLE STICK, SHARP INSTRUMENT INJURY, CONTACT ICOUS MEMBRANES (LIPS OR INTERIOR OF NOSE) OR
No	
9. IN THE PAST 12 MONTHS , HAVE YOU LIVED WITH (RES	IDED IN THE SAME DWELLING) ANOTHER PERSON WHO HAS ATITIS C INFECTION?
No	
10. IN THE PAST 12 MONTHS, HAVE YOU HAD EAR, SKIN C	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 (MEDICAL PROCEDURE THAT INVOLVED BEING EXPOSED TO LIVE CELLS, TISSUE OR ORGANS FROM AN ANIMAL?	OR
No	
13. HAVE YOU BEEN SUSPECTED TO HAVE OR DIAGNOSED WITH WEST NILE VIRUS (INCLUDING DIAGNOSIS BASED OF SYMPTOMS AND/OR LABORATORY RESULTS, OR CONFIRMED WNV VIREMIA) IN THE PAST 120 DAYS?	N
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 SOMEOIELSE 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 USE	:R?
No	
HAVE YOU HAD A PARTNER WHO HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USE	ER?
No	

No	
IN THE PAST 12	MONTHS HAVE YOU BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?
No	
IN THE PAST 12 3 DAYS IN A RO	MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO HAS BEEN IN JAIL FOR MORE THAW?
No	
IN THE PAST 12 HEPATITIS C?	MONTHS HAVE YOU HAD SEX WITH A PERSON KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B
No	
IN THE PAST 12 VIRAL HEPATITI	MONTHS HAVE YOU BEEN IN CONTACT WITH A PERSON KNOWN OR SUSPECTED TO HAVE ACTIVE S?
No	
IN THE PAST 12 THE ABOVE QUE	MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO WOULD ANSWER YES TO ANY OF
No	
HAVE YOU EVER	R GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR ANY SEXUAL ACT?
No	
WERE YOU BOR	N 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	SEASE CONTACT WITH ANTIONE BONN IN ON EIVED IN AT NICA DETWEEN 1377 AND TODAT.
AFTER AGE 11.	HAVE YOU HAD VIRAL HEPATITIS, HEPATITIS B, OR HEPATITIS C?
No	,
HAVE YOU EVER	R BEEN TOLD THAT YOU COULD NOT DONATE BLOOD?
No	
HAVE YOU EVER	R RECEIVED A BLOOD TRANSFUSION?
No	
HAS YOUR PART	INER EVER RECEIVED A BLOOD TRANSFUSION?
No	
DO YOU HAVE A	BLOOD CLOTTING DISORDER AND RECEIVE HUMAN DERIVED CLOTTING FACTOR CONCENTRATION?
No	
HAVE YOU EVER	R RECEIVED GROWTH HORMONES MADE FROM HUMAN PITUITARY GLANDS (HGH)?
No	
INIECTED ANY T	YPE OF DRUG FOR NON-MEDICAL REASONS
No	THE OF BROOT OR HOR PERSONS READONS
	IA (INCLUDING MEDICAL MADIIIIANA)
No MARIJUAN	IA (INCLUDING MEDICAL MARIJUANA)

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	
No	
IN THE PAST 12 MONTHS HAVE YOU RECEIVED ANY OF THE FOLLOWING	

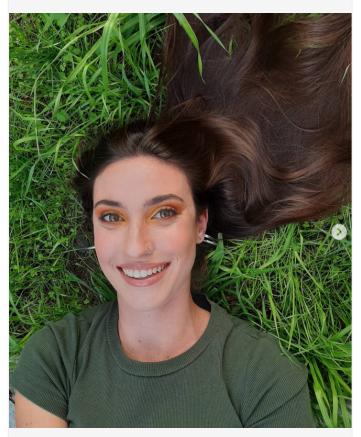
• None

TRAVEL

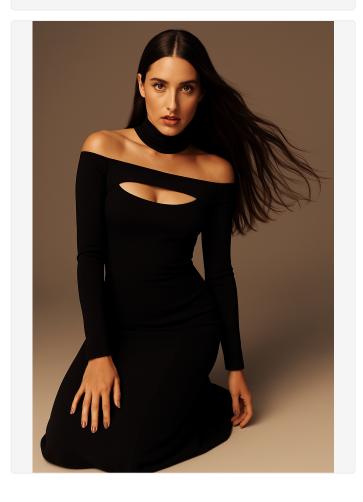
BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED TO A THAT APPLY.	NY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL
• NONE	
HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MORE ASS COUNTRIES? CHECK ALL THAT APPLY.	OCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING
• NONE	
MEXICAN RIVIERA	
• NONE	
THE CARIBBEAN	
• NONE	
CENTRAL AMERICA	
• NONE	
PACIFIC ISLANDS	
• NONE	
SOUTH AMERICA	
Argentina	
ASIA	
• NONE	
AFRICA	
• NONE	
UNITED STATES	
Miami-Dade County, Florida	
MEDICAL HISTORY	
OTHER HEART DISEASE	OTHER BREATHING PROBLEM
None	None
OTHER KINDNEY PROBLEM	
	None
OTHER BLADDER PROBLEM	
	None
OTHER GI DISEASE	
	None
OTHER MUSCUL OSKELETAL DISEASE	

	None	
OTHER HORMONAL DISEASE		
	None	
OTHER REPRODUCTIVE DISEASE		
	None	
OTHER BLOOD DISEASE		
	None	
OTHER EYES, EARS, AND SKIN DISEASE		
	None	
OTHER NEUROLOGICAL DISEASE		
	None	
OTHER PSYCHOLOGICAL DISORDER		
	None	
ANY OTHER DISEASE OR DISORDER		
	None	

DONOR ADDITIONAL PHOTOS









FAMILY ADDITIONAL PHOTOS

