

EGG DONOR INFORMATION



DONOR ID #4329

SHORT BIOGRAPHY:

She is born in Colombia, and holds American citizenship. She has two younger brothers. She became an aesthetic doctor in Colombia and she now lives in Miami planning to get a nurse practitioner license so she can work as an aesthetic injector. She loves the fit life, eats healthy, and goes to the gym 4 times a week. She likes reading, loves traveling. She truly believes in God and she sees herself as a very smart, empathic, sensitive, and trustworthy person. She was raised with many values and she strongly believes that anyone can become whatever they want in life as long as they put in the effort and have discipline.

DONOR PERSONAL INFORMATION

Location: United States

Height: 5' 5"

Year of Birth: 1997

Weight: 142

Ethnicity: Latina or Hispanic

Eye Color: Brown

Maternal Heritage: HISPANIC

Natural Hair Color: Black

Parental Heritage: HISPANIC

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Bachelor'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

A general practitioner working in aesthetic medicine, my main ambition is to help people feel confident and healthy, both inside and out. I'm passionate about combining science and empathy to make a real difference in people's lives. Beyond my medical practice, I'm also committed to creating meaningful solutions through technology, like this egg donation opportunity, which reflects my belief in supporting women and families during important moments of their lives. My goal is to keep growing both professionally and personally, always guided by compassion and purpose.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was born and raised between Colombia and New York, shaped by the richness of both cultures. Growing up, I was a very disciplined and focused child-quiet, thoughtful, and always respectful of my parents. The strong values they instilled in me played a key role in keeping me grounded and focused on meaningful life goals. That blend of cultural influence and family guidance taught me to be both adaptable and purposeful from a young age.

DESCRIBE YOUR FAVORITE MEMORY.

One of my favorite memories is from the early days of my career in aesthetic medicine. I remember treating one of my very first patients a woman who had been struggling with self-esteem issues for years. After a simple but carefully personalized treatment, I saw her face light up with confidence. She looked in the mirror and smiled, not just at her reflection, but at herself. In that moment, I felt an overwhelming sense of fulfillment. It made me realize that what I do goes far beyond the surface. Helping people feel good about themselves, witnessing that positive transformation it reaffirmed that I had chosen the right path. It was the kind of joy that stays with you and reminds you why you started.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I would describe myself as an empathic, religious, kind, disciplined and grounded woman, shaped by strong values and a multicultural background between Colombia and New York. I am focused and deeply respectful, qualities that define both my personal and professional life. Professionally, I combine empathy with precision, always aiming to help people feel seen, understood, and empowered. I stay ambitious while remaining purpose-driven, constantly seeking growth in everything I do. At my core, I am compassionate, determined, and guided by a genuine desire to help others feel better.

WHAT ARE YOUR FAVORITE FOODS?

I love eating healthy and enjoy exploring international cuisine. I'm always curious to try new flavors from different cultures, whether it's a fresh Mediterranean salad, a spicy Thai curry, or a perfectly seasoned Colombian dish. For me, food is not only about nourishment but also about connection and experience.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I enjoy reading, traveling, watching movies, and listening to all kinds of music. I love getting lost in a good book, discovering new places and cultures, and experiencing the emotion that film and music can bring. These moments help me stay inspired, balanced, and connected to the world around me.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

I am disciplined and focused, with a strong ability to stay committed to my goals and responsibilities, which helps me excel both personally and professionally. I am empathetic and compassionate, genuinely caring about the well-being of others, which is reflected in my medical practice and personal values. Growing up between Colombia and

New York has made me culturally adaptable, giving me a unique perspective and a deep sensitivity toward different cultures and people. I am purpose driven, guiding everything I do with meaning whether it's in my work in medicine, my interest in wellness, or my desire to help others. I am well rounded, balancing my professional life with hobbies like reading, traveling, and music, which keeps me inspired and open-minded.

At the same time, I am naturally reserved, and my quiet and respectful nature can sometimes make it hard for me to assert myself or share my needs in certain situations. I tend to be a perfectionist, and my high standards and focus can occasionally lead me to overthink things or put too much pressure on myself. I also find it hard to delegate because I'm so committed to doing things well, making it challenging to fully trust others with important tasks. Lastly, I am emotionally sensitive; while my empathy is a gift, it also makes me more affected by the struggles or opinions of others.

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

If I could visit anywhere in the world, I would choose a country in the Asian continent, like Japan or Thailand. Both places offer a unique combination of rich history, vibrant culture, and beautiful landscapes. Japan fascinates me with its incredible mix of ancient traditions, like tea ceremonies and temple visits, alongside modern technology and innovation. On the other hand, Thailand's vibrant street food scene, stunning beaches, and spiritual temples would be an amazing experience. I think both countries offer a perfect blend of relaxation, adventure, and cultural exploration, and I would love to immerse myself in such different but equally captivating environments.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

A typical day in my life usually starts with a healthy breakfast, setting the tone for the day ahead. Currently, I work at an academy in Miami that offers aesthetic medicine courses, a role I've held for the past seven months. At the same time, I'm studying to obtain my license so I can practice professionally. In the past, I worked as a general practitioner in a hospital in Colombia, caring for patients who were admitted for various reasons. After work, I make time for the gym to stay active and fit, and I love spending time outdoors, whether it's going for a walk or enjoying nature. Balancing work, study, and physical activity is important to me, and I make sure to stay focused on my goals while also maintaining a healthy lifestyle.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I decided to become an egg donor because I've always found great satisfaction in contributing positively to the lives of others. The idea of helping a woman become a mother, especially when she can't do so on her own, feels incredibly rewarding. Being able to offer her the opportunity to experience motherhood is something that fills me with pride. Additionally, I recognize that my contribution not only impacts the family directly but also contributes to scientific advancements and the technology involved in these processes. Each donation has the potential to not only benefit those seeking to become parents but also improve fertility treatments and methods, ultimately helping many more people in the future.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

In school, my favorite subjects were math, biology, and English. I've always had a natural affinity for math it's logical, structured, and I enjoy the challenge of solving problems and finding solutions. Biology was another passion of mine because it allowed me to understand the complexity of life and how everything is interconnected. The fascinating way the human body works and the science behind it sparked my interest in medicine. As for English, I loved it because it gave me the opportunity to express myself, explore literature, and communicate effectively. These subjects shaped my academic journey and contributed to the skills I use today in my medical career and personal life.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I want to start by saying how deeply honored and grateful I am for the opportunity to potentially play a part in your journey to parenthood. I understand how meaningful and emotional this path can be, and I truly believe that helping someone experience the joy of becoming a parent is one of the most rewarding things a person can do. For me, this is more than just a donation, it's a gift of hope, love, and the chance to help someone experience one of the most beautiful and life-changing moments. I can't imagine the emotions you must be feeling right now, and I want you to know that I genuinely believe in the power of family and the strength it takes to build one. Please know that if you choose me, you are choosing someone who understands the weight of this decision and who will be here with you every step of the way. If my donation can make your dream of parenthood come true, it's a gift I give with all my heart.

Wishing you endless joy, hope, and love as you take this beautiful step toward parenthood.

ARE YOU COMMITTED TO BEING A DONOR?

Yes, I am fully committed to being a donor. I understand the responsibility and importance of this decision, and I am dedicated to providing this gift with care, compassion, and a genuine desire to help others. I take this commitment seriously and am ready to support the process every step of the way.

DO YOU SMOKE CIGARETTES?

No

FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Brown	Black	Light Medium	5'9	220 Lbs	Endomorph	High School	Retired
Mother	Brown	Black	Olive	5'6	143 Lbs	Ectomorph	Bilingual Secretary Technician	Retired
Brother 1	Brown	Black	Light Medium	6'2	141 Lbs	Ectomorph	University	Mechanical Engineer
Brother 2	Brown	Black	Olive	6'0	139 Lbs	Ectomorph	University	Student (Psychology)

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

12

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

30

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?

1

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

Yes

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

Aviane

WHEN

Everyday

DO YOU USE OTHER FORMS OF BIRTH CONTROL

No

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:

Liposuction under local anesthesia. One year ago, without complications.

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:

Vitamin E, Omega 3, Vitamin C, Alpha Lipoic Acid.

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

Acetaminophen, 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 KAPOSÍ 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?

No

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
Mother	54		Hypertension
Father	55		Lumbar Herniation
Brother 1	22		No
Brother 2	19		No
Maternal Grandmother	82		Hypertension
Maternal Grandfather		66	Heart Attack
Paternal Grandmother	96		Hypertension
Paternal Grandfather		75	Copd

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**MOTHER**

- High blood pressure

DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

Hypertension

GRANDPARENTS

- Heart attack
- High blood pressure
- Other lung disease

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

Both maternal and paternal granmothers with Hypertension. Paternal grandfather passed away from COPD and maternal grandfather from heart attack.

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

- NONE

THE CARIBBEAN

- NONE

CENTRAL AMERICA

- NONE

PACIFIC ISLANDS

- NONE

SOUTH AMERICA

- Brazil

ASIA

- NONE

AFRICA

- NONE

UNITED STATES

- Miami-Dade County, Florida
- Southern Florida (includes Miami Beach)

MEDICAL HISTORY

OTHER HEART DISEASE

None

OTHER BREATHING PROBLEM

None

OTHER KINDNEY PROBLEM

None

OTHER BLADDER PROBLEM

None

OTHER GI DISEASE

None

OTHER MUSCULOSKELETAL 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



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

