

# **EGG DONOR INFORMATION**



# **DONOR ID #4342**

#### **SHORT BIOGRAPHY:**

She is a sociable, empathetic person who is very close to her family. She has a sister with whom she shares a special bond, and she truly enjoys spending quality time with her loved ones. She loves cooking, working out, reading, and taking care of her well-being through mindful eating and a healthy routine. She studied nutrition and skin wellness—two subjects she's passionate about and always eager to keep learning more. She's also an animal lover and finds joy in the little things of everyday life. Responsible, curious, and always willing to give her best.

#### **DONOR PERSONAL INFORMATION**

**Location:** Mexico **Height:** 5' 6"

Year of Birth: 1995 Weight: 124

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

Maternal Heritage: Ukrainian Natural Hair Color: Brown

Parental Heritage: Italian

# 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:

Condoms

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

My goals include developing myself professionally, gaining experience and growing within a company where I can contribute and learn. On a personal level, I would also like to build a family in the future, finding a healthy balance between my career and personal life.

# DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

As a child, I had a calm and quiet personality. I enjoyed playing with dolls and could spend hours creating little stories with them. I also loved drawing—it was one of my favorite ways to express myself and use my imagination.

#### **DESCRIBE YOUR FAVORITE MEMORY.**

One of my favorite memories is spending time at my grandparents' countryside house with my whole family. I remember running and playing with my cousins all day, and then we would all enjoy the afternoon together in the pool. It was a time full of laughter and fun.

# **DESCRIBE YOUR PERSONALITY AND CHARACTER**

I'm a very calm and friendly person. I really enjoy socializing and connecting with others, and people often say I'm kind and approachable. Although I'm usually very patient and easygoing, I do have a strong character when I get upset—but that doesn't happen often.

#### WHAT ARE YOUR FAVORITE FOODS?

Some of my favorite foods are pasta, pizza, and milanesas.

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

In my free time, I really enjoy cooking—it's something that relaxes me and lets me be creative. I also love going to the beach with my friends, riding my bike, having coffee, and reading a good book. These are the moments that help me unwind and enjoy life.

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

I consider myself a disciplined, responsible, and friendly person. I enjoy being sociable and building good relationships with others. I take my responsibilities seriously and always aim to deliver high-quality work. However, I do have some weaknesses, such as being sensitive at times. I'm also a perfectionist, which can lead me to spend more time on tasks than necessary, and I tend to be a bit impatient when things don't move as quickly as I'd like.

#### 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 Japan. I've always been fascinated by Asian culture, and I believe visiting Japan would be an incredible learning experience. The traditions, history, and way of life there would offer me valuable insights and perspectives.

#### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

A typical day in my life starts with waking up and making myself breakfast. After that, I head to the gym for a workout. Once I'm back, I shower and prepare my meals for the day to take to work. I then go to work and spend my day there. When I return home, I make a nice dinner, and I always try to read a few pages of a book before going to bed.

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

I have decided to become an egg donor because I deeply believe in helping others who are struggling to build their families. I understand how challenging infertility can be, and I want to offer the opportunity for someone to experience the joy of parenthood. After learning about egg donation through friends who have already gone through the process, I was inspired to apply myself.

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

My favorite classes in school were drawing and biology

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

Dear Intended Parents,

I am truly honored to be part of your journey toward building your family. I understand how meaningful and important this process is for you, and I want you to know that I am deeply committed to helping make your dream of parenthood come true. It's a privilege for me to contribute in this way, and I hope that my donation brings you the joy and happiness you have been hoping for.

Wishing you all the best in this beautiful journey, and may it be filled with love, hope, and fulfillment.

Sincerely

# **ARE YOU COMMITTED TO BEING A DONOR?**

Yes

#### **DO YOU SMOKE CIGARETTES?**

No

#### **FAMILY CHARACTERISTICS**

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	<b>Education Level</b>	Occupation
Father	Black	Black	Medium	6′Ft	220Lbs	Overwheight	Bachelors Degree	Architect
Mother	Blue	Light Brown	Very Fair	5′5Ft	110Lbs	Slim	Bachelors Degree	Architect
Sister 1	Brown- Coffee	Dark Brown	Medium	5′6Ft	125Lbs	Normal	Masters Degree	Doctor

## REPRODUCTIVE HISTORY

#### **AGE AT FIRST PERIOD**

13

#### **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.)?

Nο

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

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
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?
No
DO YOU USE OTHER FORMS OF BIRTH CONTROL
Yes
IF YES, WHAT TYPE(S)
Condoms
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:
Yes, breast augmentation surgery

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

No known allergies

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:
None
LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:
Currently taking Omega-3 supplements, women's multivitamins (containing collagen, biotin, amino acids, and minerals), resveratrol, and probiotics.
LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:
Ibuprofen , antacids (for stomach acidity or indigestion), cold and flu medications
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?
Tequila , Cocktails mixed with soda or juice. I only drink during social gatherings, approximately 1 cocktail per weekend
HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?
1

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?

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		75	Alzeheimer
Maternal Grandfather		94	Cardiac Arrest (Due To Age)
Paternal Grandmother		-	Skin Cancer
Paternal Grandfather		70	Colon Cancer

#### **BONES, MUSCLES, JOINTS, LIMBS**

No

**GASTROINTESTINAL SYSTEM** 

No

**NERVOUS SYSTEM, BRAIN, SPINAL CORD** 

Nο

**BLOOD OR CIRCULATORY SYSTEM** 

No

**RESPIRATORY SYSTEM** 

No

**GENITAL/URINARY TRACT** 

No

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

No

# **DETAILED FAMILY MEDICAL HISTORY**

#### **MOTHER**

#### **GRANDPARENTS**

- Ulcer of stomach/ duodenum
- Heart attack
- Skin cancer

# **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?

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
10A. DID YOU HAVE A TATTOO OR SCARIFICATION IN THE PAST 12 MONTHS? IF SO, WHEN?
No
10C. DID YOU HAVE AN EAR, SKIN OR BODY PIERCING PERFORMED IN THE PAST 12 MONTHS? IF SO, WHEN?
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
12A. IF THE PERSON REFERRED TO IN QUESTION 12 WAS A MEMBER OF YOUR HOUSEHOLD, WERE YOU EXPOSED TO THAT INDIVIDUAL'S BLOOD, SALIVA OR OTHER BODY FLUIDS (E.G., THROUGH DEEP KISSING, SHARED TOOTHBRUSHES, RAZORS, OR NEEDLES, OR THROUGH OPEN WOUNDS OR SORES)?
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?
N.

15. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD CLOSE CONTACT WITH A SMALLPOX VACCINATION SITE OF SOMEONE

LSE WHO RECEIVED THE VACCINATION (EXAMPLES INCLUDE TOUCHING THE SITE, THE BANDAGES COVERING THE ITE OR HANDLING BEDDING OR CLOTHING THAT HAS BEEN IN CONTACT WITH AN UNBANDAGED VACCINATION SITE
No
5A. HAVE YOU HAD ANY NEW SKIN RASH OR SORE SINCE THE TIME OF CONTACT?
No
.5B. HAVE YOU HAD ANY ILLNESS OR COMPLICATIONS FROM YOUR CLOSE CONTACT WITH SOMEONE WHO WAS ACCINATED?
No
5C. DID THE SCAB SEPARATE/FALL OFF BY ITSELF FROM THE PERSON WHO HAD THE SMALLPOX VACCINATION?
No
6. HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES SIMPLEX TYPE 2
No
7. HAVE YOU OR ANY OF YOUR BLOOD RELATIVES BEEN DIAGNOSED WITH CREUTZFELDT-JAKOB DISEASE (CJD)?
8. HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ANY DEGENERATIVE OR DEMYELINATING DISEASE OF THE ENTRAL NERVOUS SYSTEM OR OTHER NEUROLOGICAL DISEASE OF UNKNOWN ETIOLOGY?
No
9. HAVE YOU EVER RECEIVED GROWTH HORMONE MADE FROM HUMAN PITUITARY GLANDS?
No
0. HAVE YOU EVER RECEIVED A NON-SYNTHETIC DURA MATER (BRAIN COVERING) GRAFT
No .
1. HAVE YOU RECEIVED A BITE FROM AN ANIMAL SUSPECTED FOR RABIES WITHIN THE LAST 6 MONTHS?
No
2. HAVE YOU BEEN DIAGNOSED OR SUSPECTED TO HAVE T. CRUZI INFECTION OR CHAGAS DISEASE?
No
3. 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
3A. DID YOU SPEND A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE OLLOWING COUNTRIES: GERMANY, BELGIUM, OR THE NETHERLANDS BETWEEN 1980 AND 1990; OR GREECE, URKEY, SPAIN, PORTUGAL, OR ITALY BETWEEN 1980 AND 1996?
No
4. SINCE 1980, HAVE YOU EVER LIVED IN OR TRAVELED TO EUROPE (INCLUDES: ALBANIA, AUSTRIA, BELGIUM, COSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK, FINLAND, FRANCE, GERMANY, GREECE, IUNGARY, IRELAND, ITALY, LIECHTENSTEIN, LUXEMBOURG, MACEDONIA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, SLOVAK REPUBLIC, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, AND YUGOSLAVIA)?
No
4A. FROM THE BEGINNING OF 1980 THROUGH THE END OF 1996 DID YOU SPEND TIME THAT ADDS UP TO 3 MONTH OR MORE IN THE U.K. (INCLUDES ENGLAND, IRELAND, SCOTLAND, WALES, THE ISLE OF MAN, THE CHANNEL ISLAND GIBRALTAR, AND THE FALKLAND ISLANDS)?

FRANCE?
No
24C. SINCE 1980 HAVE YOU SPENT TIME THAT ADDS UP TO 5 YEARS OR MORE IN EUROPE (INCLUDING TIME SPENT IN THE U.K. BETWEEN 1980 AND 1996)?
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?

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?

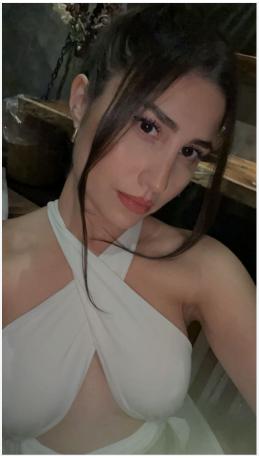
No	
HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNO	SED WITH CJD?
No	•
BETWEEN 1980 AND 1996 WERE YOU A MEMBER C	OF THE US MILITARY OR CIVILIAN EMPLOYEE?
No	
BETWEEN 1980 AND 1996 WERE YOU A DEPENDEN	IT OF A MEMBER OF THE US MILITARY?
No	
HAVE YOU TRAVELED TO A COUNTRY AFFECTED B	Y OR TREATED FOR SARS IN THE PAST 14 DAYS?
No	
HAVE YOU BEEN WITH AN INDIVIDUAL AFFECTED I	BY SARS IN THE PAST 14 DAYS?
No	
N THE PAST 12 MONTHS HAVE YOU RECEIVED AN	Y OF THE FOLLOWING
• None	
TRAVEL	
BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED THAT APPLY.	TO ANY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL
• NONE	
HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MOR COUNTRIES? CHECK ALL THAT APPLY.	E ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING
• NONE	
MEXICAN RIVIERA	
• NONE	
THE CARIBBEAN	
• NONE	
CENTRAL AMERICA	
• NONE	
PACIFIC ISLANDS	
• NONE	
SOUTH AMERICA	
• NONE	
ASIA	
• NONE	
AFRICA	
• NONE	
MEDICAL HISTORY	
OTHER HEART DISEASE	OTHER BREATHING PROBLEM

None		None			
OTHER KINDNEY PROBLEM					
None					
OTHER BLADDER PROBLEM					
	Non	e			
OTHER GI DISEASE					
OTTER GIBISEASE	Non	e			
OTHER MUSCULOSKELETAL DISEASE	Non				
	INOIT	e			
OTHER HORMONAL DISEASE					
	Non	e			
OTHER REPRODUCTIVE DISEASE					
	Non	е			
OTHER BLOOD DISEASE					
	Non	e			
EYES, EARS, AND SKIN					
Other Eyes, Ears, and Skin disease					
OTHER EYES, EARS, AND SKIN DISEASE					
	Non	e			
OTHER NEUROLOGICAL DISEASE					
	Non	e			
OTHER PSYCHOLOGICAL DISORDER					
	Non	e			
ANY OTHER DISEASE OR DISORDER					
ANT OTHER DISEASE OR DISURDER	Non	ρ			

# **DONOR ADDITIONAL PHOTOS**

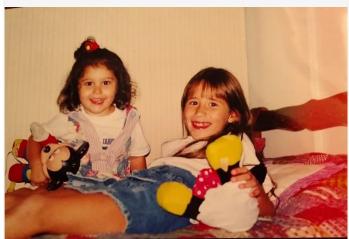






# **CHILDHOOD ADDITIONAL PHOTOS**









# **FAMILY ADDITIONAL PHOTOS**







