

## EGG DONOR INFORMATION



**DONOR ID #4340**

### SHORT BIOGRAPHY:

She considers herself a very active person, eager to be constantly improving herself. Very focused on her goals, leads a healthy lifestyle, and spends time with the people she loves, like her family and friends. All her life experiences have taught a lot, and her biggest dream is to start her own family so she can continue exploring the world with them.

## DONOR PERSONAL INFORMATION

**Location:** Mexico

**Height:** 5' 5"

**Year of Birth:** 2000

**Weight:** 126

**Ethnicity:** Caucasian

**Eye Color:** Brown

**Maternal Heritage:** Italian

**Natural Hair Color:** Blonde

**Parental Heritage:** Spanish

## PERSONAL INFORMATION

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

Doctorate (Ph.D. or equivalent)

### 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

I dream of graduating as a doctor, building a loving family of my own, and achieving financial stability so I can live with freedom, purpose, and the ability to help others along the way.

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

I was a very dreamy little girl, and from a young age, it was clear that I wanted to be a dancer. So, at just three years old, I was enrolled in ballet classes — and that's where my love for movement and expression truly began.

### DESCRIBE YOUR FAVORITE MEMORY.

I was raised by my great-grandmother because my mother worked a lot. She was very permissive with me and played with me every day. She also gave me the space to fully develop my creativity.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a very calm person. I don't like conflict and tend to take things very lightly. I'm also very passionate about the things I love, and I love the people who are important in my life very deeply.

### WHAT ARE YOUR FAVORITE FOODS?

My favorite food is French fries.

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

I genuinely enjoy going to the gym — it lifts my mood, energizes me, and makes me feel my best both physically and mentally.

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

My greatest strength is my determination — once I set a goal, I'm fully committed to achieving it. My biggest weakness is my impatience for quick results, but I'm learning to appreciate the process and trust the journey.

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

I've been fortunate to travel quite a bit, but my next dream is to visit Switzerland and experience first-world culture up close — from the stunning landscapes to the rich traditions and lifestyle.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I get up early, have breakfast, clean my apartment, go to the gym, shower, have lunch, and go to work. When I get back, we go for a walk around the neighborhood with my partner, have dinner together, watch a movie, and go to sleep.

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

I wasn't sure I wanted to be a mother someday. When I was first offered to be an egg donor, I did it for financial reasons, but that experience made me realize the difference I was making in a family's life, and how fortunate I was to be a fertile woman. Today, starting a family is my biggest goal for the future, and I want to be able to help other women achieve it too.

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

I always liked subjects related to natural sciences and literature.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

As a medical student, I've witnessed the evolution of fertility treatments firsthand. If your dream is to become a parent, it's worth trying even if it doesn't work the first time. Being part of a family where values and love reign is the most precious gift a human being can receive. If you've reached this point, it's because you've planned it and are convinced of your goal. From the bottom of my heart, I wish you success in your quest.

ARE YOU COMMITTED TO BEING A DONOR?

Absolutely

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	Athletic	6'Ft	187	Athletic	Bachelor's Degree	Business
Mother	Brown	Black	Athletic	5'8Ft	154	Athletic	Bachelor's Degree	Fashion Designer
Brother 1	Brown	Brown	Athletic	6'Ft	180	Athletic	Bachelor's Degree	Administration
Brother 2	Brown	Light Brown	Slim	6'Ft	187	Slim	High School	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

13

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

21

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**

Diane 35 mg pills

**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)?**

Nope

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

At birth, a hospital-acquired virus attacked my intestine and I had surgery.

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

No

**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:**

Only contraceptive pills

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

Only contraceptive pills

**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?**

Yes

**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?**

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
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**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

**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?**

Yes

**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

**10B. WERE STERILE INSTRUMENTS USED?**

No

**10C. DID YOU HAVE AN EAR, SKIN OR BODY PIERCING PERFORMED IN THE PAST 12 MONTHS? IF SO, WHEN?**

No

**10D. WERE STERILE INSTRUMENTS USED?**

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?**

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

**15A. HAVE YOU HAD ANY NEW SKIN RASH OR SORE SINCE THE TIME OF CONTACT?**

No

**15B. HAVE YOU HAD ANY ILLNESS OR COMPLICATIONS FROM YOUR CLOSE CONTACT WITH SOMEONE WHO WAS VACCINATED?**

No

**15C. DID THE SCAB SEPARATE/FALL OFF BY ITSELF FROM THE PERSON WHO HAD THE SMALLPOX VACCINATION?**

No

**16. HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES SIMPLEX TYPE 2 AND/OR SYPHILIS?**

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

**19. HAVE YOU EVER RECEIVED GROWTH HORMONE MADE FROM HUMAN PITUITARY GLANDS?**

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

**23A. DID YOU SPEND A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING COUNTRIES: GERMANY, BELGIUM, OR THE NETHERLANDS BETWEEN 1980 AND 1990; OR GREECE, TURKEY, SPAIN, PORTUGAL, OR ITALY BETWEEN 1980 AND 1996?**

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

**24A. FROM THE BEGINNING OF 1980 THROUGH THE END OF 1996 DID YOU SPEND TIME THAT ADDS UP TO 3 MONTHS OR MORE IN THE U.K. (INCLUDES ENGLAND, IRELAND, SCOTLAND, WALES, THE ISLE OF MAN, THE CHANNEL ISLANDS, GIBRALTAR, AND THE FALKLAND ISLANDS)?**

No

**24B. SINCE 1980, HAVE YOU RECEIVED A BLOOD TRANSFUSION OF BLOOD OR BLOOD COMPONENTS IN THE U.K. OR 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?**

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
- Mexico (ANY part of the country)

**THE CARIBBEAN**

- NONE

**CENTRAL AMERICA**

- NONE

**PACIFIC ISLANDS**

- NONE

**SOUTH AMERICA**

- NONE

**ASIA**

- NONE

**AFRICA**

- NONE

## CHILDHOOD ADDITIONAL PHOTOS

