

## EGG DONOR INFORMATION



**DONOR ID #4338**

### SHORT BIOGRAPHY:

She is an incredibly warm-hearted and kind individual, with a deep passion for traveling, reading, and discovering new places and cultures. Her curiosity drives her to seek out new experiences wherever she goes. She comes from a wonderful and supportive family, with whom she shares many cherished memories, and she has an especially close and loving bond with her brother, who has always been one of her greatest confidants and friends.

## DONOR PERSONAL INFORMATION

**Location:** Mexico

**Height:** 5' 1"

**Year of Birth:** 1997

**Weight:** 116

**Ethnicity:** Latina or Hispanic

**Eye Color:** Hazel

**Maternal Heritage:** Argentinian

**Natural Hair Color:** Black

**Parental Heritage:** Italian



## 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:

Birth control pills

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

My dream is to open my own eyelash studio, not only to pursue my passion for beauty and creativity, but also to create meaningful opportunities where individuals can develop their skills, grow professionally, and feel confident in their work. Through this studio, I hope to make a positive impact in my community, inspire others to follow their dreams, and foster a space where beauty and empowerment go hand in hand.

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

I was a calm and cheerful child, always finding joy in the simplest moments, whether it was running freely outdoors, inventing imaginative games with friends, or turning ordinary days into little adventures through my creativity.

### DESCRIBE YOUR FAVORITE MEMORY.

Every Sunday, I cherish a special tradition with my grandparents, we gather at their home to share a delicious meal, surrounded by laughter, heartfelt stories, and unconditional love. These moments are filled with warmth and connection, and they've become some of my most treasured memories.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a calm and composed person with a strong character, able to remain grounded even in the face of challenging situations. My deep sense of empathy allows me to genuinely connect with others, understand their feelings, and offer meaningful support when they need it most.

### WHAT ARE YOUR FAVORITE FOODS?

My favorite food ever is gnocchi with tomato sauce and olives.

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

I love waking up early to catch the sunrise, a peaceful moment when the world feels calm, fresh, and full of new possibilities. It's a time that inspires me, reminding me of the beauty of new beginnings and the promise each day holds.

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

My greatest weakness is being sensitive, but it is also my virtue.

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

I would go visit Thailand for its beautiful nature, blend of breathtaking beaches, rich culture, and delicious cuisine. For me it's a destination that captures the heart.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I start my day by getting up and heading to work, and once I arrive, I make it a priority to dedicate an hour to reading before going to watch the sunset. It's a peaceful ritual that I truly cherish and look forward to every day.

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

It seems to me a nice way to help them fulfill their dream of being parents.

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

Literature and history

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Parental love is the most beautiful love one can experience, it's unconditional, selfless, and unwavering. It's a lifelong path of understanding, sacrifice, and deep emotional connection, where support and care shape us into who we are. There's a unique kind of comfort in knowing that no matter what happens, this love remains constant and pure.

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	Education Level	Occupation
Father	Green	Black	Fair	5'7	174 Lbs	Athletic	University	Architect
Mother	Brown	Browr	Fair	5'6	154 Lbs	Short Build	High School	Homemaker
Brother 1	Green	Black	Fair	5'7	176 Lbs	Fat	High School	Entrepreneur

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?

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?**

Yes

**IF YES, WHAT BRAND**

Ilimit 24/4

**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:**

Nope

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

Nope

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

Nope

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

Nope

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

No

**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?**

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

**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?**

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

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

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

**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?**

**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?**

**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?**

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

**10A. DID YOU HAVE A TATTOO OR SCARIFICATION IN THE PAST 12 MONTHS? IF SO, WHEN?**

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

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

**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

**THE CARIBBEAN**

- NONE

**CENTRAL AMERICA**

- NONE

PACIFIC ISLANDS

• NONE

SOUTH AMERICA

• NONE

ASIA

• NONE

AFRICA

• NONE

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**

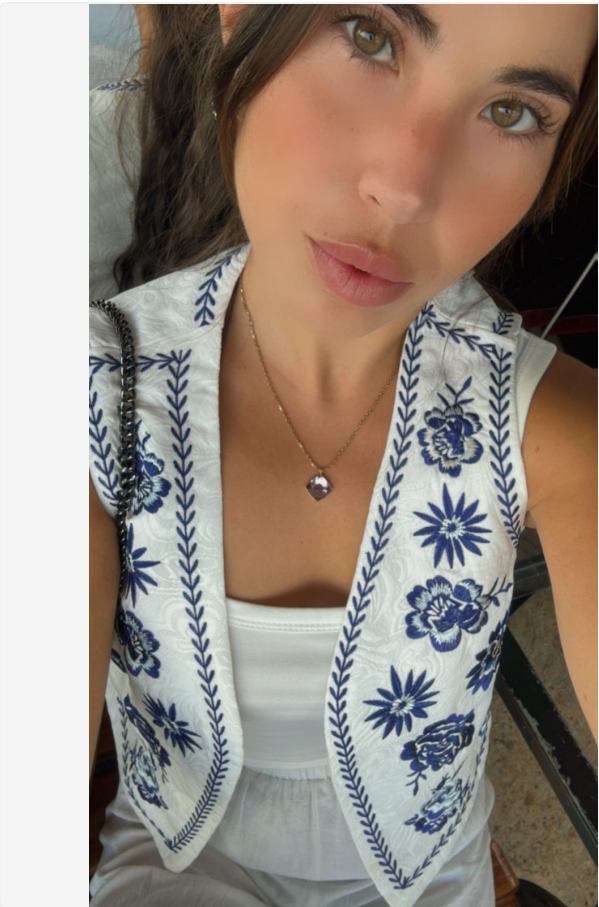
None
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**ANY OTHER DISEASE OR DISORDER**

None
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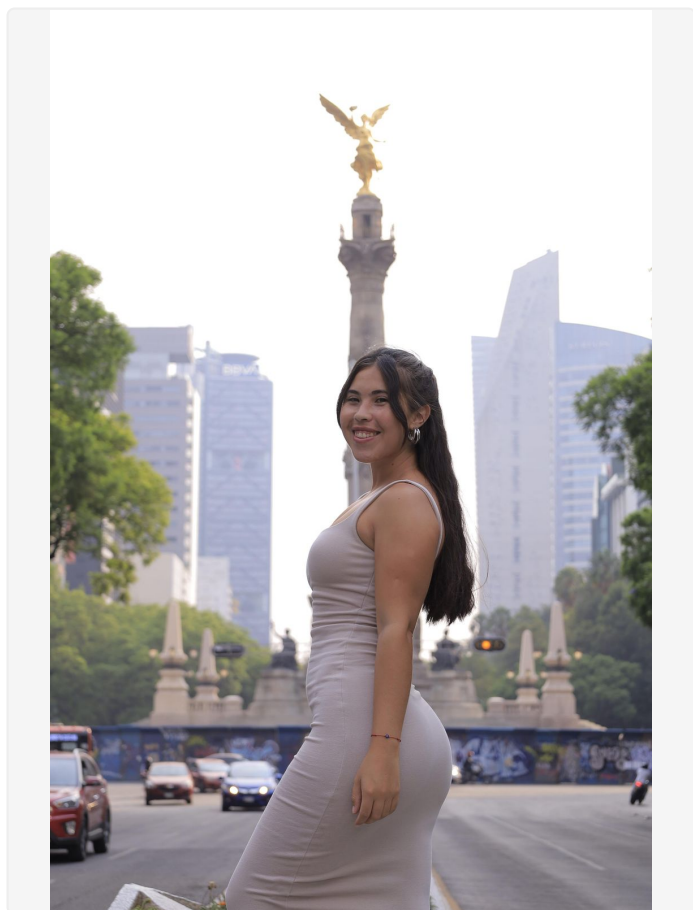


## DONOR ADDITIONAL PHOTOS





## DONOR ADDITIONAL PHOTOS



## CHILDHOOD ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

