



**ORIGEN**  
IVF GLOBAL AGENCY

## EGG DONOR INFORMATION



**DONOR ID #4356**

### SHORT BIOGRAPHY:

She is very talkative and extroverted, with a lively personality. Passionate about music and movies, she also deeply values family. With a great sense of humor and a love for food, she brings joy to those around her. Although she works as a model, she has studied engineering and is currently completing her degree in interior design.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Height:** 5' 11"

**Year of Birth:** 1998

**Weight:** 125

**Ethnicity:** Latina or Hispanic

**Eye Color:** Blue

**Maternal Heritage:** Brazilian

**Natural Hair Color:** Brown

**Parental Heritage:** Portuguese and 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:

Injections

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

First of all, I want to achieve my professional goal: to open my own interior design studio. After that, I want to travel the world and immerse myself in different cultures. I've already spent time in the U.S. and European countries, which has deepened my passion for exploring new places and connecting with people from all walks of life. One of my dreams is to open an institute that supports both children and the elderly. I also want to be able to help my family and give my mom the life she truly deserves. My biggest dream is to become a mother, but before that, I want to accomplish these other goals so that I can offer my future children the life and experiences that, unfortunately, my mom couldn't give me.

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

My mom always says I was curious. I always wanted to know all the why's. I was always playing games, dancing and singing. I can't say I was a quiet child, but I was definitely very calm and smart. I learned how to read when I was 4 years old, I used to love to read books and write books. In the school, I was known for being intelligent and proactive. I always loved to talk, so every special day at the school I was the picked one to read, do the dancing performances, sing... I always loved to be around people, having fun. But at the same time I loved to stay in my room reading and watching movies.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory as a child was playing in the farm with my little brother. He is my favorite person in the world. As a teenager my favorite memory was the proud in my mom's eyes when the government chose my scientific project to finance when I was in high school.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a very extrovert person, who loves to talk, get to know people and learn about them. I'm also very calm, except when I get my period hahaha I'm a Capricorn, so I'm very dedicated and passionate about everything I want to do. I love to have fun, listen to music, travel. I'm the type of person that you will be always laughing around me, or about me hahaha I do everything with love.

### WHAT ARE YOUR FAVORITE FOODS?

I love Brazilian food the most, but I'm also obsessed with Japanese and Italian cuisine. I really enjoy seafood too. Fun fact: I'm not a big fan of desserts because I don't have much of a sweet tooth.

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

I love watching series and movies, listening to music, and spending time with friends — talking and laughing together. I also enjoy going to the cinema and staying active through sports. I'm good at chess, and I really enjoy going to the gym and practicing Pilates.

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

It's always hard to talk about yourself, but I believe my greatest strength is the kindness in my heart and my constant willingness to help others. I often put my family's needs before my own, because seeing them happy brings me true joy.

As for my greatest weakness, it's my difficulty in recognizing when someone is trying to take advantage of me. I tend to see the good in people and find it hard to believe that someone could have bad intentions.

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

Right now my greatest travel desire is to go to Africa. I would love to see the safari, the animals... I also want to get to know the culture, see how people really live other there.

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

It's hard to say I have a typical day. Since I'm both studying and working as a model, each day tends to be different. The two things that are part of my daily routine, however, are studying and going to the gym. Some days I spend most of my time in studios working on modeling projects, while others are quieter and I use those moments to focus more on my studies and organize my personal life.

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

I want to help people build their families, because I know how powerful and meaningful that dream can be. Becoming a parent is one of the most beautiful experiences in life, and I'm truly happy to be able to contribute to making that possible for others. Being part of someone's journey to parenthood fills me with purpose and gratitude, it's a gift to give love in such a unique and life-changing way.

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

Portuguese, math and history

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

Hi, how are you? I don't know your story or your journey, but I'm truly honored to be able to help make this dream come true. If you've made it this far, it's because you're ready to give your child all the love in the world — and that makes me incredibly happy. I believe love can heal and transform everything. I wish you and your family all the happiness, love, and health this world has to offer. May you create beautiful memories that help replace past pain with joy. God bless you both. Congratulations on becoming new parents.

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

Yes I am

**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	Fair	6'1	I Don't Know	Mesomorph	Bachelor	Journalist
Mother	Green	Brown	Medium	5'6	I Don't Know	Mesomorph	High School	Entrepreneur
Brother 1	Brown	Blonde	Fair	6'1	I Don't Know	Mesomorph	Bachelor	Entrepreneur
Brother 2	Brown	Brown	Medium	6'2	I Don't Know	Mesomorph	Bachelor	Cybersecurity
Brother 3	Brown	Brown	Medium	6'0	I Don't Know	Mesomorph	High School	Seller
Sister 1	Brown	Brown	Fair	5,7	I Don't Know	Mesomorph	Bachelor	Aesthetician
Sister 2	Blonde	Green	Fair	5,2	I Don't Know	Mesomorph	High School	Student

**REPRODUCTIVE HISTORY**

**AGE AT FIRST PERIOD**

14

**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?**

2

**ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?**

Yes

**ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?**

Yes

**IF YES, WHAT BRAND**

Cyclofemina

**WHEN**

Every month

**DO YOU USE OTHER FORMS OF BIRTH CONTROL**

No

**HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?**

Yes

**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

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

4356

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

Accutane

**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 KAPOS I 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?**

Beer and vodka

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?**

1

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?**

2

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?**

8

**HAVE YOU EVER USED RECREATIONAL DRUGS? (LSD, MARIJUANA, HEROIN OR COCAINE, ETC.)**

No

## HAVE YOU EVER BEEN TREATED FOR DEPRESSION?

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)

Yes

## DETAILED FAMILY MEDICAL HISTORY

### YOU

- Anxiety disorder
- Acne

### MOTHER

- Ovarian cysts

### FATHER

- Diabetes Mellitus

## DESCRIBE YOUR SELECTED MEDICAL PROBLEM

I had acne when I was 20, and anxiety I have since I am a kid but I never needed to take any medication.

## DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

My mom had ovarian cyst but it was after the pregnancy. It was never a real problem because they were too small.

## DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

My father has diabetes since he is a teenager.

## GRANDPARENTS

- High blood pressure
- Thyroid disease
- Osteoporosis

## DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandma has osteoporosis because of old age.

## 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

**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?**

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

**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)?**

Yes

**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?**

Yes

**IF YES - WHEN:**

A month ago

**RESULTS:**

Negative

**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.**

- France

**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**

No

**OTHER BREATHING PROBLEM**

No

**OTHER KINDNEY PROBLEM**

No

**OTHER BLADDER PROBLEM**

No

**OTHER GI DISEASE**

No

**OTHER MUSCULOSKELETAL DISEASE**

No

**OTHER HORMONAL DISEASE**

No

**OTHER REPRODUCTIVE DISEASE**

No

**OTHER BLOOD DISEASE**

No

**EYES, EARS, AND SKIN**

Other Eyes, Ears, and Skin disease

**OTHER EYES, EARS, AND SKIN DISEASE**

Acne And Myopia

**OTHER NEUROLOGICAL DISEASE**

No

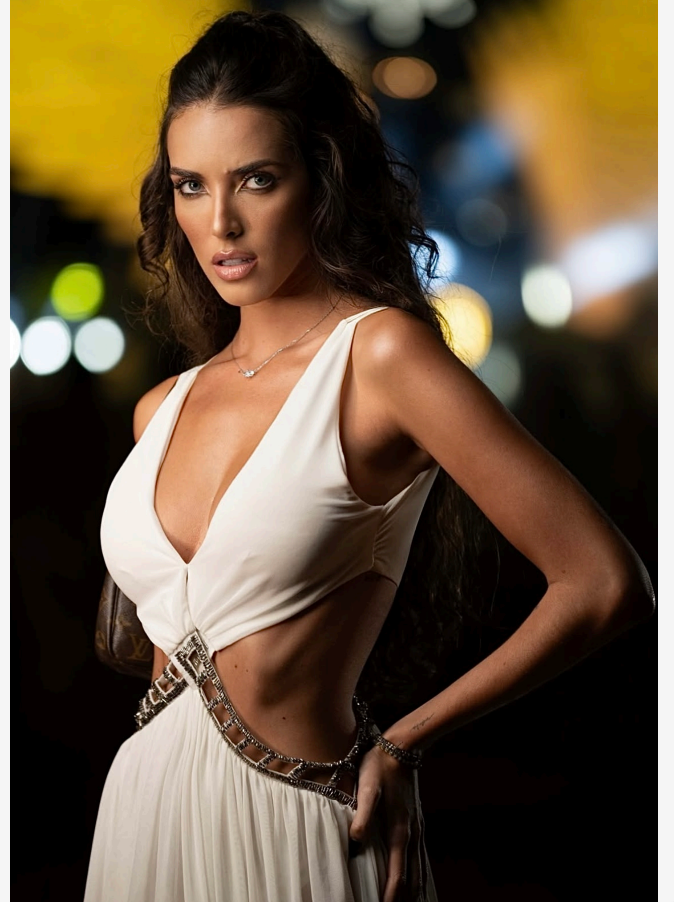
**PSYCHOLOGICAL (MENTAL)**

Anxiety

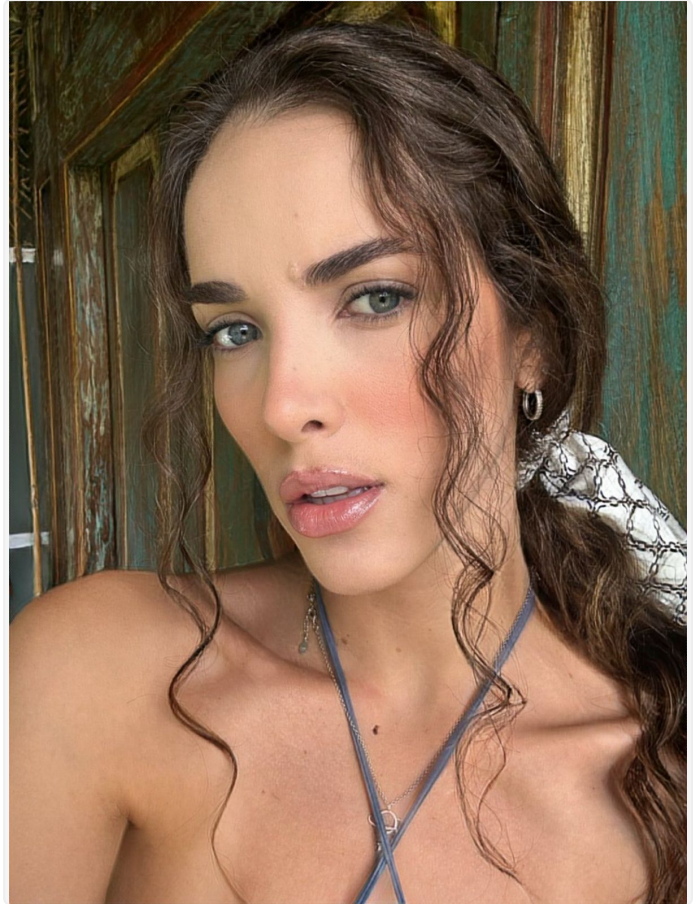
**ANY OTHER DISEASE OR DISORDER**

No

DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



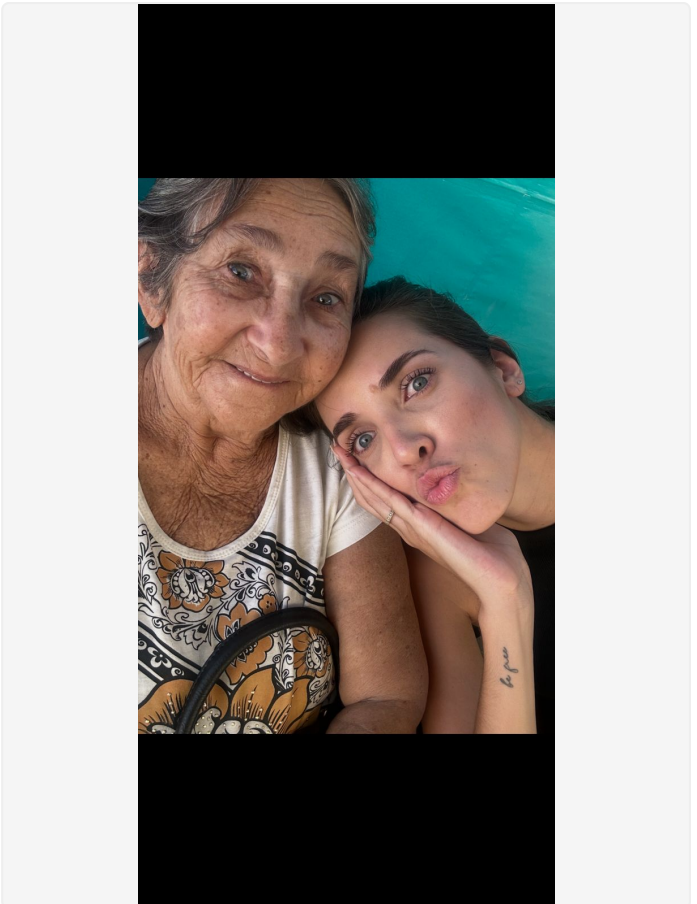
CHILDHOOD ADDITIONAL PHOTOS



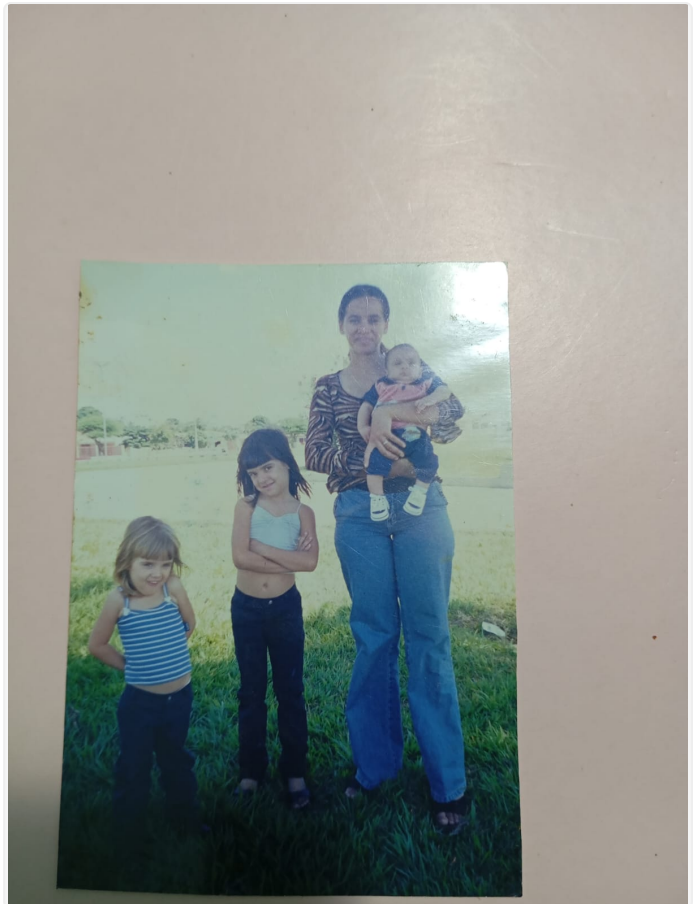
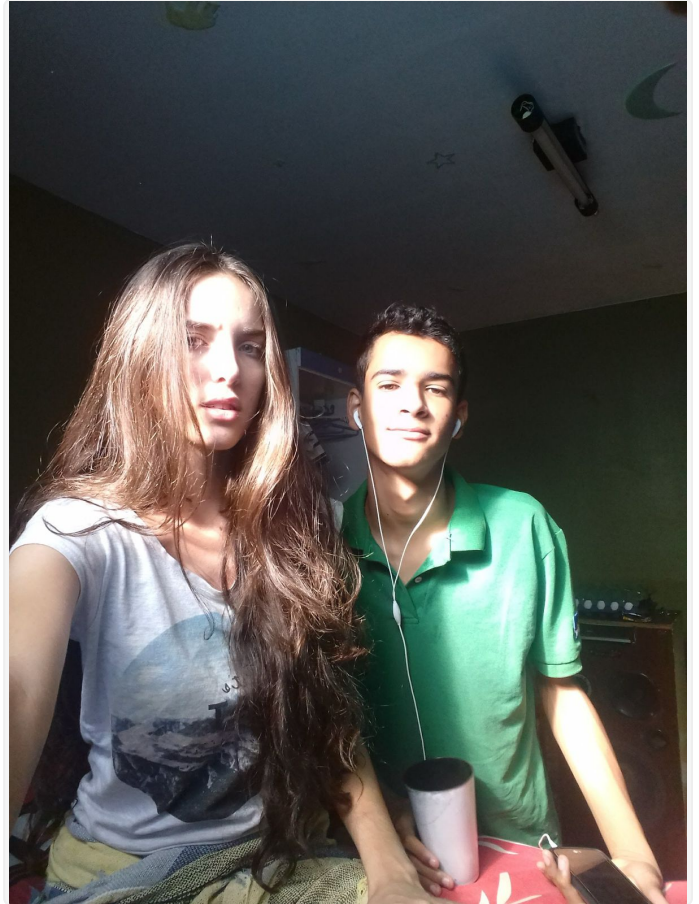
CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

