

## EGG DONOR INFORMATION



**DONOR ID #4357**

### SHORT BIOGRAPHY:

She's a sweet, intelligent, and kind person. Her rare blue eyes are striking. A former professional volleyball player, she represented the Russian U16 National Team. Although she no longer plays professionally, she still enjoys the sport. Curious and courageous, she loves learning about the world — something that comes naturally to her. She follows a healthy lifestyle, eats well, wakes up early, and truly embraces wellness. Her relationship with her family is strong — she's close to her mom, dad, and two sisters. Fun fact: she's one of a pair of fraternal twins.

## DONOR PERSONAL INFORMATION

**Location:** Russian Federation

**Height:** 6' 1"

**Year of Birth:** 2000

**Weight:** 163

**Ethnicity:** Eastern European

**Eye Color:** Blue

**Maternal Heritage:** Russian

**Natural Hair Color:** Blonde

**Parental Heritage:** Russian

## 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:

None

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

My goal is to earn a degree in psychology and later start my own business, either in e-commerce or fashion. I've always been ambitious — even as a kid. That drive is what led me to sports, even though I started relatively late for a professional career (at 10 years old). Still, I chose to work hard and reached the level I aimed for as an athlete. Now, I'm focused on growing my social media presence to help build and promote my future businesses through strong, personal marketing.

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

I've always loved being active and studying — school was actually easy and enjoyable for me. I started with gymnastics, but volleyball eventually became my main focus. Before that, from early childhood until around age 10, my parents encouraged me to try different activities. I explored singing, painting, and did ceramics for 10 years.

### DESCRIBE YOUR FAVORITE MEMORY.

One of my favorite memories is when my tall dad (he's 195 cm!) and my two sisters and I would all lie down together on my parents' bed, jumping on him and playfully annoying him. It never hurt him — he's really strong — and he would just smile at us with so much kindness.

Another special memory is our trip to Turkey when I was seven. It was my first time abroad and the first time I saw the sea. It felt like discovering a whole new world. Looking back, it was a rare and beautiful moment — all of us together, sharing a little adventure.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a warm, kind person who loves taking care of myself and others. I learn quickly, and while I have a gentle character, I'm also mentally strong. Life has brought many challenges, but they've taught me to handle stress and hard work with resilience. I'm deeply empathetic and never judgmental — I love understanding people. After years of working with a psychologist, I've developed strong personal boundaries. I'm very social, and building meaningful connections is a big part of my life. I have a great sense of humor — it runs in the family! I was lucky to grow up in a home full of love and laughter. My positive mindset helps me pursue the life I dream of and uplift the people around me. Friends often say I bring calm, joy, and energy into any room — like sunshine.

### WHAT ARE YOUR FAVORITE FOODS?

I really enjoy a nice steak, salmon, fresh salads, burrata, and salted cucumbers.

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

I love training, studying, walking, and exploring new places — especially when I'm in a new country. I'm always curious to learn about the local culture. I also enjoy shopping, especially for unique or vintage pieces — I'm really drawn to intellectual fashion that tells a story. In my free time, I like watching interesting movies, from fantasy to documentaries, dancing, hiking, and of course, getting some good sleep when I can.

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

I'm a positive, kind, and emotionally intelligent person with a strong mind and body, a quick learner and great networker who grew from a humble background in a small Russian town to someone who earns globally and travels the world — I have a big heart, listen well, and build deep connections, though at times I can be naive, overly emotional, a bit lazy, or hesitant to take full responsibility, all things I'm actively working to improve.

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

I really want to visit Japan because it's such a fascinating country, a modern and unique world with incredible culture and nature. I'm also dreaming of going to Paris, the city of love, to experience its charm firsthand. It's one of the best places in the world for fashion, full of stylish people, amazing museums, and stunning architecture.

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

I usually wake up around 8-9 AM, start my day with meditation and journaling, then head to the gym. After that, I get ready and focus on work — whether offline or online — which often includes styling or content creation, depending on the day. My evenings are usually reserved for social plans like meeting friends, going on dates, attending exhibitions, or other events.

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

I have strong, healthy genetics, and the idea of giving someone the chance to have a beautiful, healthy baby fills me with a deep sense of love and purpose. At the same time, the compensation would help me pay for my studies and support my family back in Russia.

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

My favorite ones were Russian language ,literature and mathematics.

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

I'm truly honored and deeply grateful to be part of this journey with you. Becoming an egg donor fills me with a profound sense of love and purpose. The thought of helping create a life that will be so wanted and cherished brings me immense joy.  
Your strength and hope in pursuing parenthood inspire me. I carry this process in my heart with deep respect and happiness, and I'm grateful to support you in making your dream of a family come true.  
Thank you for trusting me — it means more than words can express.

**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        | Blue      | Light Brown                          | Fair            | 6'5"   | 220,46 Lbs | Athletic                       | College         | Businessman           |
| Mother        | Blue      | Blond                                | Fair            | 5'11"  | 187,39 Lbs | Medium                         | Collage         | Entrepreneur          |
| Sister 1      | Blue      | Brown ( But She Have Another Father) | Fair            | 5'10"  | 136,69 Lbs | Athletic ( Professional Model) | College         | Professional Model    |
| Sister 2      | Blue      | Blond                                | Fair            | 5'9"   | 143,3 Lbs  | Medium                         | College         | Construction Engineer |

**REPRODUCTIVE HISTORY**

**AGE AT FIRST PERIOD**

15

**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?**

3

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

No

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

No

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

Yes

**IF YES, WHAT TYPE(S)**

Condom

**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

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

Yes, an otoplasty and removal of an ovarian cyst. Since the surgery i undergo screening every 6 months.

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

None

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

Kiwi allergy

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

Nothing

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

Nothing

**HAVE YOU EVER HAD A BLOOD TRANSFUSION?**

No

**HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?**

Yes

**IF YES, WHY?**

low level of hemoglobin

**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 |
|---------------|-----|--------------|------------------------------------|
| Mother        | 58  | -            | -                                  |
| Father        | 60  | -            | -                                  |
| Sister 1      | 29  | -            | -                                  |
| Sister 2      | 24  | -            | -                                  |

**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****YOU**

- Ovarian cysts

**FATHER**

- Heart attack
- Epilepsy

**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

**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

**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)?**

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?**

Yes

**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:**

6 months ago

**HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?**

Yes

**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 |
|------|

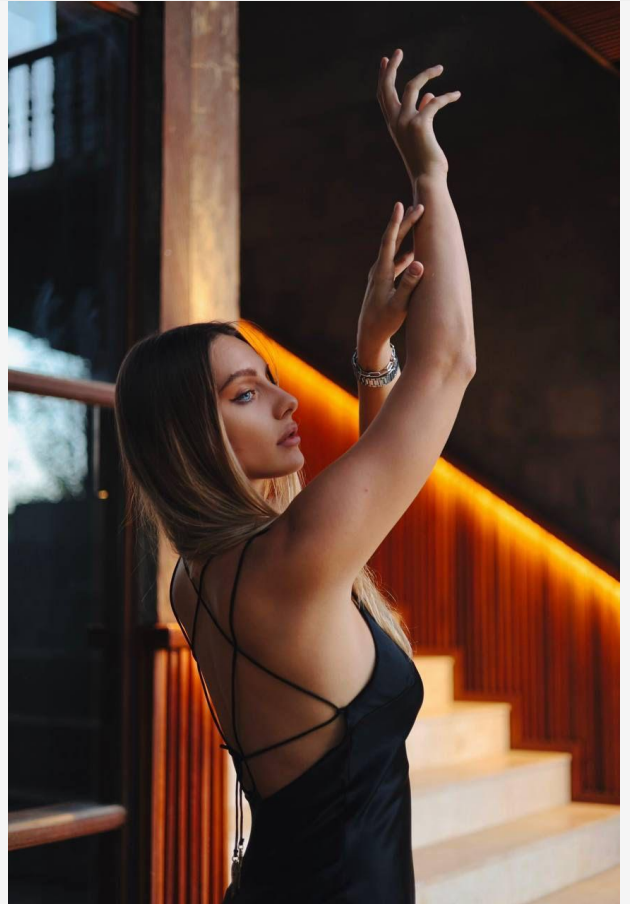
**OTHER PSYCHOLOGICAL DISORDER**

|      |
|------|
| None |
|------|

**ANY OTHER DISEASE OR DISORDER**

|      |
|------|
| None |
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## DONOR ADDITIONAL PHOTOS



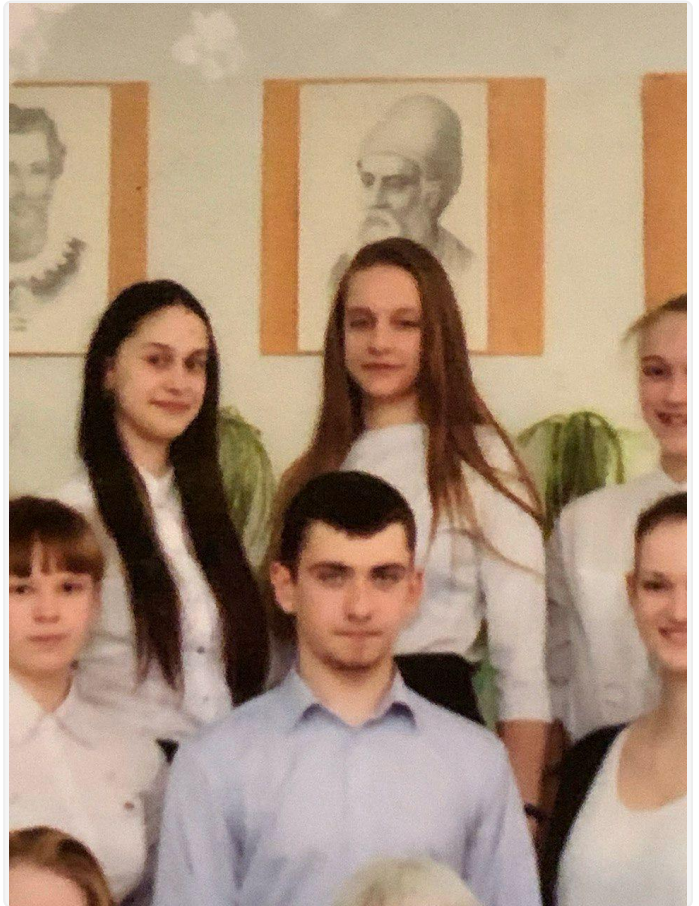


## CHILDHOOD ADDITIONAL PHOTOS





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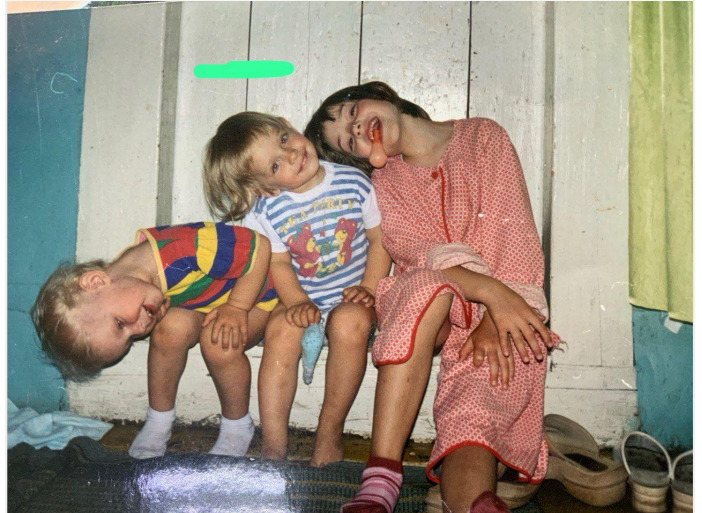


## CHILDHOOD ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

