

## EGG DONOR INFORMATION



**DONOR ID #4371**

### SHORT BIOGRAPHY:

She's a girl who loves sports and outdoor activities like hiking, skiing, and running. She also enjoys connecting with nature and who loves to study, learn, stay focused, and constantly improve herself. She loves traveling and spending time with her siblings and family. She has two sisters and one brother who are like her best friends. She's a kind girl who always enjoys helping others and likes to cook as naturally as possible, avoiding preservatives, since she doesn't like processed meats like sausage or ham. In her free time, she dedicates herself to advertising and social media.

## DONOR PERSONAL INFORMATION

**Location:** Mexico

**Height:** 5' 6"

**Year of Birth:** 2001

**Weight:** 172

**Ethnicity:** Latina or Hispanic

**Eye Color:** Green

**Maternal Heritage:** Mexican

**Natural Hair Color:** Red

**Parental Heritage:** Mexican

## PERSONAL INFORMATION

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

Bachelor's degree

### DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

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

One of my aspirations is to open my own Pilates studio, have my own event venue, and work as an event organizer to generate income. I also dream of getting married and having children. Another one of my aspirations is to keep traveling around the world.

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

As a child, I was very calm and quiet. I preferred having just one close friend and spending time with animals. I didn't really like watching TV — I enjoyed baking cakes and pastries instead.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory is when I lived on a ranch with my family. In the afternoons, we would go horseback riding with my father, and at night, I would bake bread with my mother. Then, we'd all watch a movie together.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a very energetic person, and I enjoy doing things that bring me peace. I don't like lies, and I consider myself cheerful, responsible, and sociable. I'm also very versatile and able to adapt to any situation. I love trying new things and I truly dislike monotony.

### WHAT ARE YOUR FAVORITE FOODS?

My favorite food is candy.

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

In my free time, I enjoy staying active by doing sports, listening to music to relax, and spending quality time with my friends. One of our favorite things to do is explore the city and discover new coffee shops — I love trying different flavors and enjoying good conversations in cozy places.

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

One of my greatest strengths is that I'm very adaptable and I enjoy challenging myself. I like trying new things every day, even if I'm not good at them yet, I enjoy the process of learning and growing.

As for my greatest weakness, I tend to overthink things, which sometimes leads me to self-sabotage or procrastinate with my time. I'm working on being more present and managing my thoughts more positively.

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

Iceland or Norway would be at the top of my list, as I love snow and cold weather. One of my biggest dreams is to see the Northern Lights — it's something I've always found magical and deeply inspiring.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up, get ready, and walk to the university because my classes start at 7 a.m. Around 12 p.m., I head to my job at an advertising agency, where I stay until 3 p.m. After that, I go back home, make myself something to eat, tidy up my things, and get ready to work out at 6 p.m.

Every now and then, on my way back, I stop for a coffee with a friend. When I get home, I take a shower, work on some university tasks, make dinner, and chat with my family. Lately, if I still have a bit of energy left, I try to read at least three pages of a book.

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

Because I have always dreamed of being a mother, and thanks to God I am a fertile person. Also, I like helping others, and if I have the possibility to offer someone else the opportunity to become a mother a dream they have I

would love to be part of the process so they can achieve it.

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

My favorite class in school was art.

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

Dear Intended Parents,

I want you to know that it would be a true honor for me to be part of your journey to parenthood. I have always dreamed of becoming a mother, and I feel grateful and blessed to have the ability to help make this dream a reality—not only for myself but for others who long to build a family.

If given the chance, I would be deeply committed to supporting you throughout this process with love, care, and respect.

#### 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      | Brown      | Fair            | 6'1    | 264.5Lbs | Endomorph | Bachelor's Degree | Passed Away |
| Mother        | Brown     | Brown      | Fair            | 5'6    | 149.9Lbs | Mesomorph | Bachelor's Degree | Bussines    |
| Brother 1     | Brown     | Brown      | Fair            | 5'8    | 132.3Lbs | Mesomorph | High School       | Student     |
| Sister 1      | Blue      | Brown      | Fair            | 5'6    | 176Lbs   | Endomorph | Bachelor's Degree | Student     |
| Sister 2      | Brown     | Brown      | Fair            | 5'1    | 198.4Lbs | Endomorph | Bachelor's Degree | Student     |

## REPRODUCTIVE HISTORY

#### AGE AT FIRST PERIOD

11

#### 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?**

No

**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**

No

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

Condom

**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, I had dental surgery because I have an implant. It's the right canine tooth. When I was a child, a dentist removed my healthy tooth thinking it was a baby tooth. The doctor wasn't very well prepared, so later they had to put an implant in.

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

Yes, to pistachio and cashew nuts.

**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:**

I take magnesium, collagen, occasionally melatonin to help me sleep, and tejocote root to support digestion and bowel movements.

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

Isotretinoína two years ago

**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 |
|---------------|-------------------|--------------|------------------------------------|
| Father        | Would Be 59 Today | 45           | Died In An Accident                |

**BONES, MUSCLES, JOINTS, LIMBS**

No

**GASTROINTESTINAL SYSTEM****NERVOUS SYSTEM, BRAIN, SPINAL CORD****BLOOD OR CIRCULATORY SYSTEM****RESPIRATORY SYSTEM****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?**

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?**

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.**

- England
- 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**

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

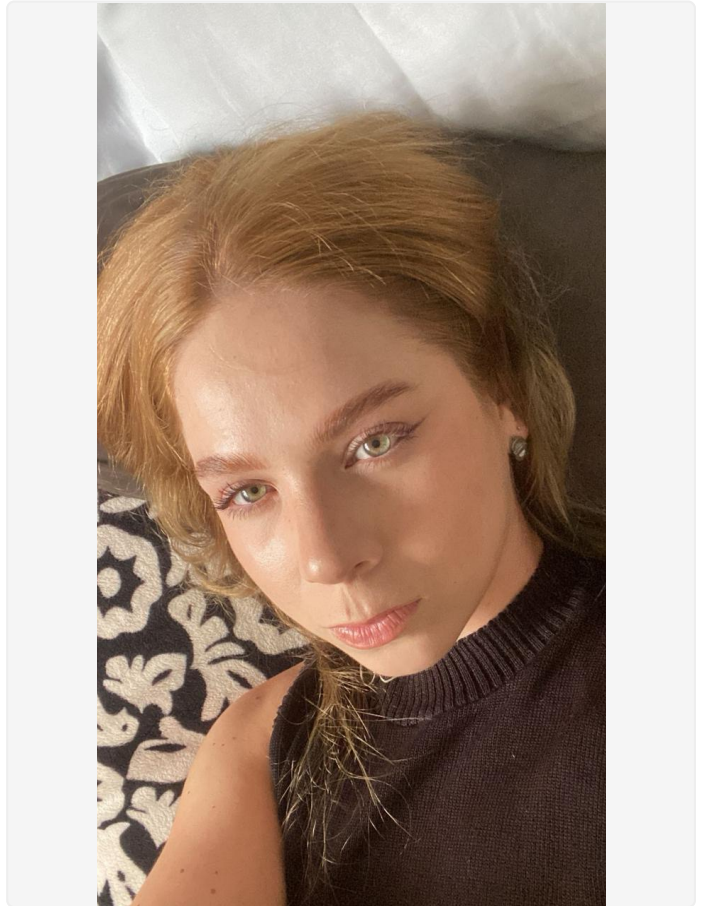
ANY OTHER DISEASE OR DISORDER

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

## DONOR ADDITIONAL PHOTOS



## DONOR ADDITIONAL PHOTOS



## CHILDHOOD ADDITIONAL PHOTOS



## CHILDHOOD ADDITIONAL PHOTOS



## FAMILY ADDITIONAL PHOTOS



## FAMILY ADDITIONAL PHOTOS

