

EGG DONOR INFORMATION



DONOR ID #4363

SHORT BIOGRAPHY:

She is a 25 year old Brazilian woman full of energy, heart, and curiosity. Born in Bahia and now living in São Paulo for the past three years, she's a true people person super communicative, amazing at making connections, and totally in love with meeting new people and exploring the world. She's fluent in English and speaks French really well too thanks to a bilingual school childhood, an American godmother who's a teacher, and a French stepdad who made sure French was part of her daily life. Languages come naturally to her, and so does movement.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 3"

Year of Birth: 1999

Weight: 123

Ethnicity: Black

Eye Color: Brown

Maternal Heritage: Brazilian

Natural Hair Color: Brown

Parental Heritage: Brazilian

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Associate degree

DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

PLEASE INDICATE WHAT TYPE OF BIRTH CONTROL YOU ARE CURRENTLY USING:

Condom

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I'm building a career that brings together creativity, purpose, and impact. I want to grow not just as a model and content creator, but also focus more on acting something I've always loved. I've done a lot of work in audiovisual projects, and every experience has made me fall even more in love with being in front of the camera and telling stories. One of my goals is to really dive into acting roles that challenge me and allow me to grow as a performer. I want to work with brands and projects that value diversity, authenticity, and real beauty. More than just an image, I want to inspire, connect, and open doors always with intention, style, and a light heart.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Since childhood, there was always a spark full of energy and curiosity, always smiling, quick to learn, and constantly dreaming up new ideas. That's how English became part of life so naturally, almost like a game. Movement was a favorite language: dancing, running, drawing, and talking to everyone nearby were part of the daily routine.

Having a godmother who was a Social Studies teacher played a big role it helped shape strong communication skills, active listening, and a deep love for learning. Her friends and fellow teachers would often describe this little one as creative, social, and observant the kind of child who lit up a room without even trying, with bright eyes and a big hunger to discover the world.

And in many ways, that part never really went away.

DESCRIBE YOUR FAVORITE MEMORY.

One of my all-time favorite memories? Easy. A trip I took with my godmother and a group of her amazing friends. At the time, my mom was working hard (a true warrior, as always) and things were tight financially, so my dinda, who's basically a fairy godmother in real life, made sure I didn't miss out on the magic. That trip was one of her many gifts to me. We went to an island I was about 11, feeling like Dora the Explorer minus the backpack (but full of curiosity and dramatic main character energy). I remember feeling so free, so light, so me surrounded by smart, strong women who laughed loudly, shared stories, and made me feel proud of exactly who I was. It was one of those moments that stays with you, not because of the place, but because of the feeling. That kind of joy sticks.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm authentic, curious, and communicative and I believe my presence has the power to inspire and connect with ease. Since I was little, I've been driven by creativity, movement, and a constant desire to learn. That's why I've always been drawn to languages, felt at home in front of the camera, and found it easy to express myself naturally. I carry strong emotional roots and proudly honor my Bahian heritage. At the same time, I'm always evolving with both strength and sensitivity. I know what I want, I pursue my dreams with purpose, and I show up in the world with honesty and intention.

I'm a woman who brings together beauty, intelligence, and presence and I leave a mark simply by being exactly who I am.

WHAT ARE YOUR FAVORITE FOODS?

My favorite food, without a doubt, is my grandmother's cooking. I have a special affection for cozido baiano, a traditional Bahian stew that holds a lot of emotional meaning for me. It's a flavorful dish made with meats, vegetables, roots, and typical Bahian spices all slowly cooked until everything is rich, comforting, and full of soul. Every bite tells a story and brings back memories.

But I'm also passionate about sushi, pasta, salads, American-style pancakes, and smoothies.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I love practicing yoga, especially Ashtanga Vinyasa, which I'm truly passionate about. I enjoy spending time at the park, going to museums and the movies, gathering with friends and cooking for them (I absolutely love cooking). Whenever I can, I head to the beach to recharge. I also enjoy drawing and painting it's one of the ways I connect with my creative side.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

Strengths

I'm authentic and naturally connect with people. I'm curious and always eager to learn, especially languages and new experiences. Creativity is a big part of who I am, and I balance resilience with sensitivity. I know what I want and pursue my goals with focus and purpose. Above all, I'm empathetic and genuinely care about helping others.

Weaknesses

I can be quite self-critical and sometimes struggle to set boundaries, which can lead to taking on too much. I get impatient with slow processes and have a tendency toward perfectionism, which can delay progress.

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

If I could go anywhere in the world, I'd choose Morocco or South Africa. Both places are rich in culture, history, and artistic expression. Morocco fascinates me with its blend of Arab, Berber, and French influences from the architecture and colors of the medinas to the flavors of its cuisine and traditional craftsmanship. South Africa, on the other hand, has a powerful cultural and historical legacy, with diverse communities, vibrant music and art scenes, and landscapes that tell stories of resilience and beauty. I'm drawn to places where culture is deeply felt and lived.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I'm definitely a morning person. I love waking up early, taking a calm, unhurried shower, and making a beautiful, Instagram-worthy breakfast. I have a thing for well-plated, aesthetically pleasing food. After that, I usually practice yoga, sometimes on an empty stomach, other times after eating.

On days without a shoot, I check my emails and work from home. When I do have a campaign, I wake up even earlier to get ready and be on time, since shooting days usually take up the whole day. On those days, I prefer to train in the morning, as I avoid working out late in the day so it doesn't interfere with my sleep.

At night, I like to wind down by watching a show or reading a book until I fall asleep. When I'm home and not shooting, I usually cook my meals for the week on Sundays, it helps me stay organized and makes my routine much smoother.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I've never dreamed of becoming a mother, and that's okay. But seeing close friends struggle with infertility due to PCOS has deeply moved me, the treatments, the emotional toll, the waiting.

I also have queer family members, like my godparents, and as part of the LGBTQIA+ community myself, I know how difficult it can be for queer couples to build a family.

Donating my eggs feels like a powerful way to offer hope. It's an act of empathy a chance to help someone live a dream that means the world to them. And that, to me, is incredibly meaningful.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

My favorite classes were Social Studies, Science, History, English, and Portuguese especially writing, which I really enjoyed.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Even though we may never meet, I want you to know that this little piece of me is given with so much love, hope, and care.

The decision to donate my eggs came from a place of deep empathy inspired by friends who faced challenges to conceive, and by the beautiful, diverse families I've been lucky to grow up around and be part of.

I may not know your story, but I know how much love it takes to build a family. And I hope that, in some small way, I can help bring your dream closer to reality.

Wishing you a journey filled with tenderness, strength, and joy.

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	-	-	-	-	-	-	-	-
Mother	Brown	Brown	Black	5'2	138.9 Lbs	Medium	Finishing University	Dj And Student
Brother 1	Green	Light Brown	Mixed Race	4'9	86.0 Lbs	Slim	High School	Student
Sister 1	Hazel	Brown	Mixed Race	5'	119.0 Lbs	Slim	High School	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

10

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?

No

ARE YOU CURRENTLY SEXUALLY ACTIVE?

No

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST SIX MONTHS?

4

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)

condoms

HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?

Yes

HAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?

Yes

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 an inguinal hernia when i was 6 years old

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:

Multivitamin and omega 3

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

Painkiller helps with both headaches and cramps.

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?

Yes

WHAT TYPES OF ALCOHOLIC BEVERAGES DO YOU DRINK?

Red wine

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?

3

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	49		Skin Allergies - Perfume
Brother 1	15		Food Allergies- Lime, All Berries, Black Peper,
Sister 1	16		Asthma As A Baby But Has Overgrown It

BONES, MUSCLES, JOINTS, LIMBS

No

GASTROINTESTINAL SYSTEM

No

NERVOUS SYSTEM, BRAIN, SPINAL CORD

No

BLOOD OR CIRCULATORY SYSTEM

No

RESPIRATORY SYSTEM

Yes

GENITAL/URINARY TRACT

No

METABOLIC (HORMONES, ENZYMES, ETC)

No

PLEASE EXPLAIN

My sister had asthma as a baby but has overgrown it

DETAILED FAMILY MEDICAL HISTORY**SIBLINGS**

- Anemia

DESCRIBE YOUR SIBLINGS'S SELECTED MEDICAL PROBLEM

My aunt and my cousin had anemia

GRANDPARENTS

- Diabetes Mellitus

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandma has diabetes

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?

Yes

10B. WERE STERILE INSTRUMENTS USED?

Yes

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)?

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

- Tattoos

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

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

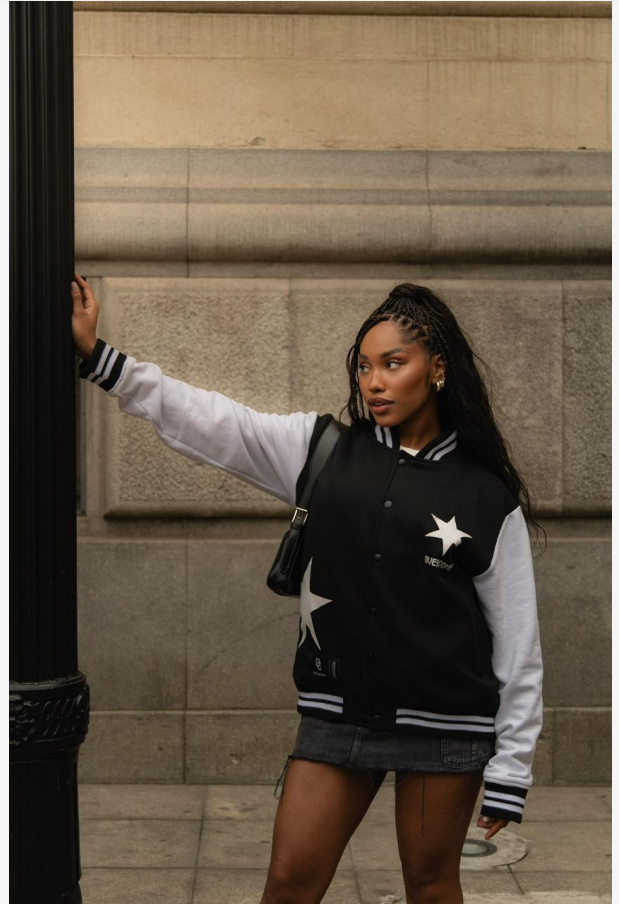
OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



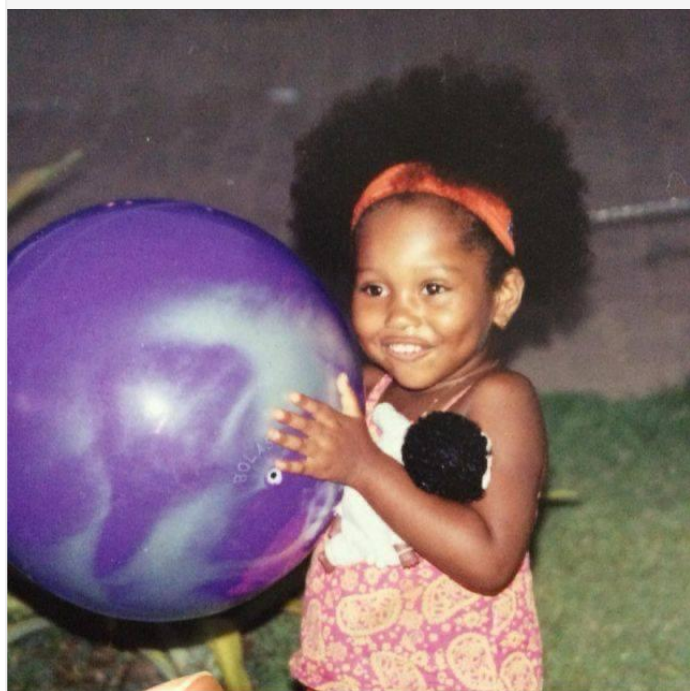
DONOR ADDITIONAL PHOTOS



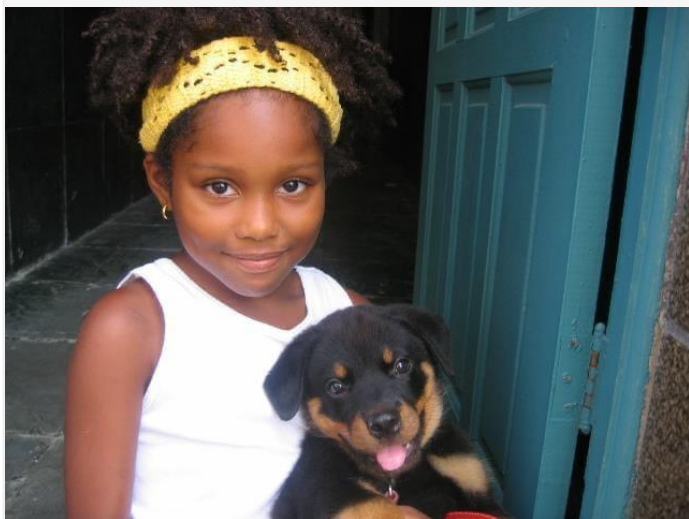
DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

