

EGG DONOR INFORMATION



DONOR ID #4368

SHORT BIOGRAPHY:

She is a warm, disciplined, and emotionally intelligent young woman. With a natural sense of empathy and elegance, she brings balance to everything she does — whether in her career as a dentist, her work as a model, or her daily life. She's known for her strong sense of responsibility, optimism, and inner calm, even in challenging situations. Driven by curiosity and a desire for constant growth, she is passionate about health, aesthetics, and human development. She values honesty, kindness, and self-awareness, and is often described by others as someone who listens with intention and leads with her heart.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 6"

Year of Birth: 1999

Weight: 123

Ethnicity: Latina or Hispanic

Eye Color: Blue

Maternal Heritage: Brazilian

Natural Hair Color: Blonde

Parental Heritage: Italian

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Bachelor's degree

DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

No

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

IUD Kyleena

PLEASE DESCRIBE YOUR GOALS/AMBICTIONS THAT YOU HAVE

My goals are to continue growing personally and professionally in both healthcare and wellness. As a dentist, I aim to expand my expertise and contribute to improving people's confidence and quality of life. I'm also passionate about aesthetics, and I dream of combining my medical knowledge with beauty and well-being in meaningful ways. On a personal level, I seek to live a balanced, healthy, and purpose-driven life — always learning, evolving, and helping others whenever I can.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Since I was little, I've always carried a spark of curiosity and wonder in my eyes. I had a light energy, but a determined spirit — the kind of child who loved to run, explore, ask questions, and quietly observe everything around me. I loved to draw, invent stories, and could spend hours flipping through books, even before I fully knew how to read.

With a sweet nature, I felt deeply connected to animals, enchanted by plants, and fascinated by the colors of the world. At the same time, I showed signs of focus and responsibility — I liked to help, wanted everything to be done "just right," and felt proud whenever I learned something new.

My blue eyes held a quiet calm and a world of ideas. And even through games, sports, and laughter, it was already clear: the seed of the strong, sensitive, and dedicated woman I'd one day become was already growing inside me.

DESCRIBE YOUR FAVORITE MEMORY.

One of my favorite childhood memories is of a simple afternoon that somehow felt magical. It was late in the day, the sky glowing with soft orange hues, and I was barefoot in the backyard of my grandmother's house, feeling the sun-warmed earth beneath my feet. I remember playing alone, inventing stories with leaves, sticks, and little stones, as if they were characters in a world that belonged only to me. The breeze was gentle, the smell of fresh coffee drifted from the kitchen and mixed with the scent of flowers from the garden, and I felt completely at peace — like time had paused just for me.

My grandmother appeared at the door with a glass of juice and a calm smile, and in that moment, I felt something that still stays with me to this day: a mix of freedom, love, and belonging. Maybe that's why this memory, though so simple, remains so vivid in my heart.

DESCRIBE YOUR PERSONALITY AND CHARACTER

Ever since I was young, I've been passionate about both science and beauty. Dentistry gave me the chance to work with precision, care, and purpose, helping people feel confident through their smiles.

At the same time, the world of fashion and content creation has always inspired me. I use my platforms to share not only style and aesthetics, but also self-love, wellness, and balance. I believe real beauty comes from how we feel — inside and out.

I'm detail-oriented, determined, and deeply connected to everything I do. Whether I'm in the clinic, on set, or online, I bring authenticity, empathy, and a touch of creativity. My mission is to inspire confidence, positivity, and transformation — one smile, one story, one moment at a time.

WHAT ARE YOUR FAVORITE FOODS?

Avocado toast with whole grain bread

Smoothie bowls with banana, berries and granola

Grilled salmon with quinoa and vegetables

Fresh salads with olive oil and lemon

Greek yogurt with honey and nuts

Roasted sweet potatoes
Chickpea or lentil pasta
Oat pancakes with peanut butter
Detox juices with ginger, apple and cucumber

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I love reading, staying active, and being close to the people (and pets) I love. Spending time with my family and my dogs always brings me peace and joy. I also enjoy having time for myself — whether it's relaxing alone at home, going to the beach for a refreshing swim, or riding my bike to clear my mind. Staying connected to nature, moving my body, and finding moments of calm are things that really recharge me. I believe balance is everything — and these simple moments are what keep me grounded and inspired.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strengths are my discipline, emotional intelligence, and adaptability. I'm very focused and committed when I set a goal, but I also know how to listen, connect with others, and adapt to different situations. I'm a proactive person, always looking to learn, grow, and bring positive energy to the people around me. My biggest weakness is that I tend to be very self-demanding. I sometimes put too much pressure on myself to do everything perfectly. Over time, I've been learning to be kinder to myself, to delegate when needed, and to understand that growth also comes from imperfection.

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

I've always dreamed of visiting Europe, mainly because of its rich history and culture. I'm fascinated by old cities, historical landmarks, and the architecture that tells stories from different centuries. Walking through ancient streets, visiting museums, castles, cathedrals, and places where important moments in human history happened is something that deeply inspires me. I feel like each country in Europe has its own unique charm and legacy, and I would love to experience that up close — not just as a tourist, but as someone truly curious about the past and how it shaped the present.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

A typical day in my life starts early — I wake up at 5 a.m., take a moment to pray, and then go for a run on the beach. I love starting the day with movement and clarity. After that, I usually train — either a CrossFit session or some strength training at the gym.

Then it's time to head to the dental clinic, where I spend most of my day working with patients. Depending on the day, after work I like to slow things down a bit and do a yoga class to stretch, breathe, and reset.

When I get home, I usually take some time to create content for social media — it's a creative space where I share a bit of who I am and connect with others. I try to keep a healthy routine, so I normally go to bed around 9 p.m., ready to start all over again the next day.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I decided to become an egg donor because I believe in the power of generosity and the transformative strength of love. For me, this choice is much more than a physical act — it's a way to offer hope and help others fulfill the dream of building a family, something so precious and essential.

I know that for many couples, this might be their only chance to experience the joy of becoming parents, and knowing that I can contribute to that fills my heart with purpose and gratitude. It's an act of empathy, a way to connect stories and spread life, even if I'm not directly present.

Being a donor is my way of leaving a legacy of love, being part of something greater, and showing that sometimes the simplest gestures are the ones that change the world.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

During my school years, I always had a strong interest in subjects that challenged both my mind and body. My favorite subjects were English, Biology, Chemistry, and Physical Education.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Dear Future Parents,
Although we may never meet, please know that this decision comes from a place of love, respect, and deep admiration for your journey.
Becoming an egg donor is not just a medical act — for me, it's a heartfelt gesture of hope. I can only imagine the

strength, courage, and resilience it has taken for you to get here. It is truly an honor to be part of something so meaningful.

I want you to know that this donation is made with great care and intention. I wish you a future filled with love, laughter, and the incredible joy of building a family. No matter how your story unfolds, I hope this small part of me helps make your dream come true.

With all my best wishes,

ARE YOU COMMITTED TO BEING A DONOR?

Yes, very much!

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	6'3	209,4Lbs	Athletic	High School	Retired
Mother	Brown	Brown	Fair	5'5	154,3Lbs	Athletic	High School	Retired
Brother 1	Green	Blonde	Fair	6'1	176Lbs	Athletic	Bachelor Degree	Dental Surgeon

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

12

ARE YOUR CYCLES

Irregular

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?

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

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.)?

None

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

I got breast implants and had my tonsils removed.

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

No

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:

No

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

Dipyrone and Dimenhydrinate

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

Nimesulide, amoxicillin, Vonau, and prednisone

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?

Beer or gin and tonic

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?

1

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?

4

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
Maternal Grandfather		77	Lymphoma
Paternal Grandmother		82	Aneurism
Paternal Grandfather		96	Died In His Sleep

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

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?

Yes

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

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

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

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

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.

- 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

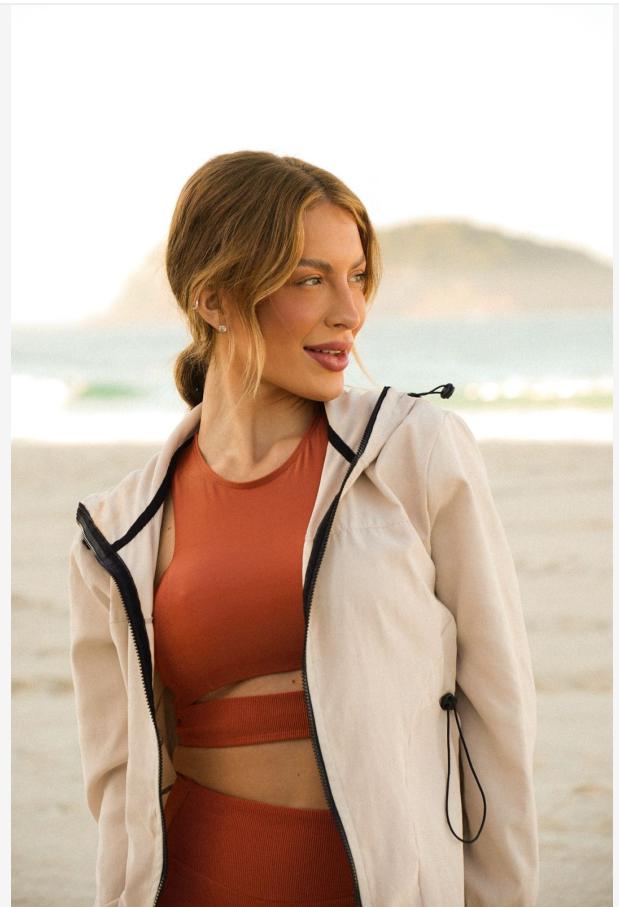
ASIA

- NONE

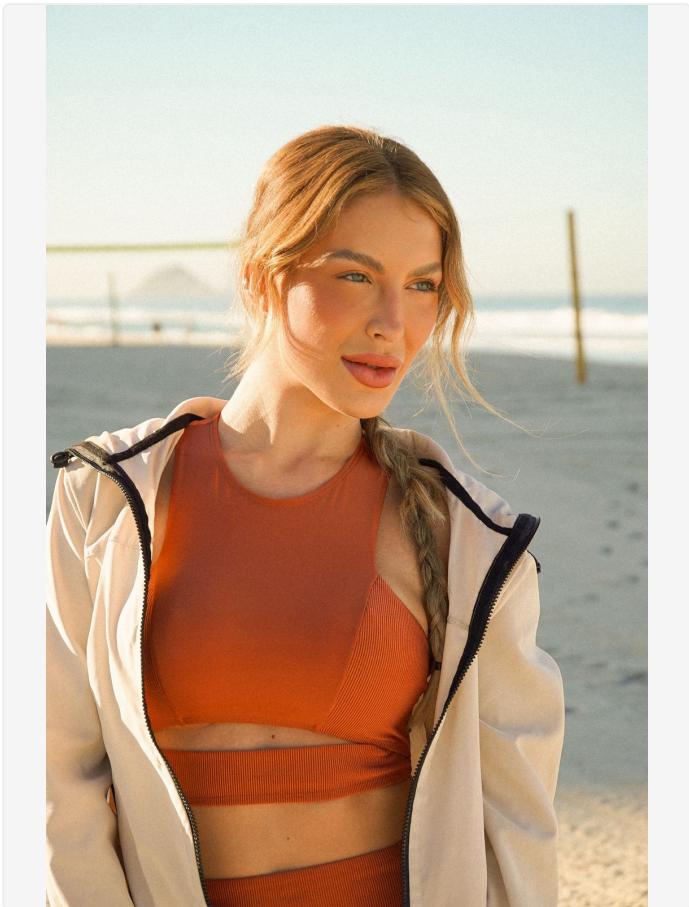
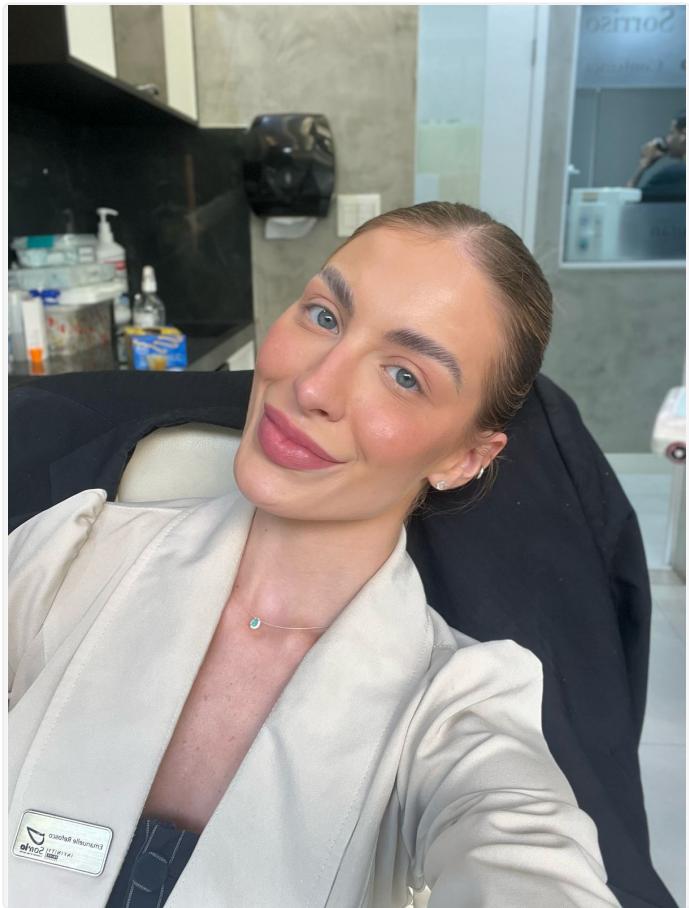
AFRICA

- NONE

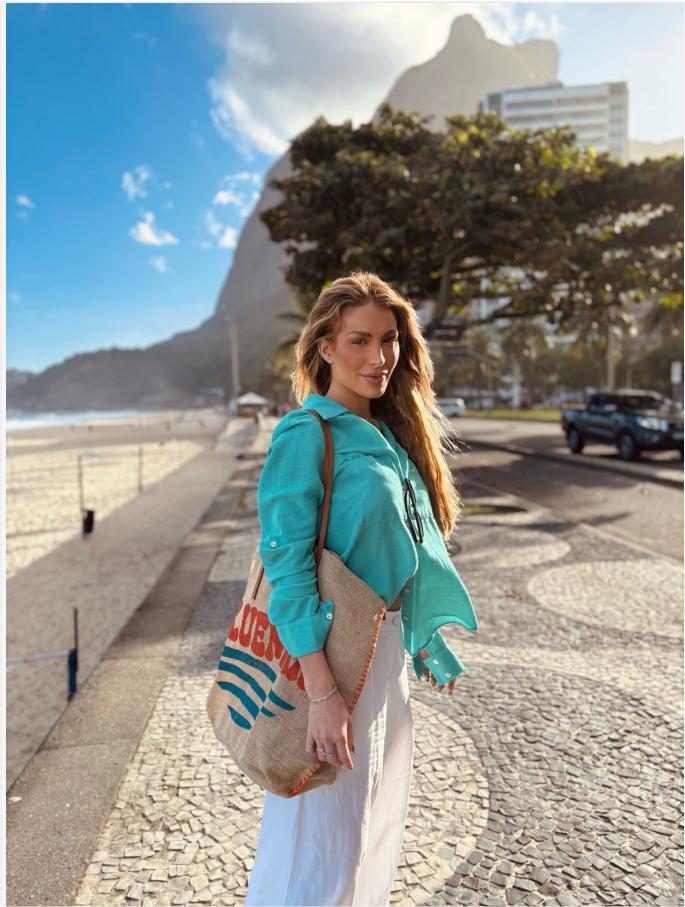
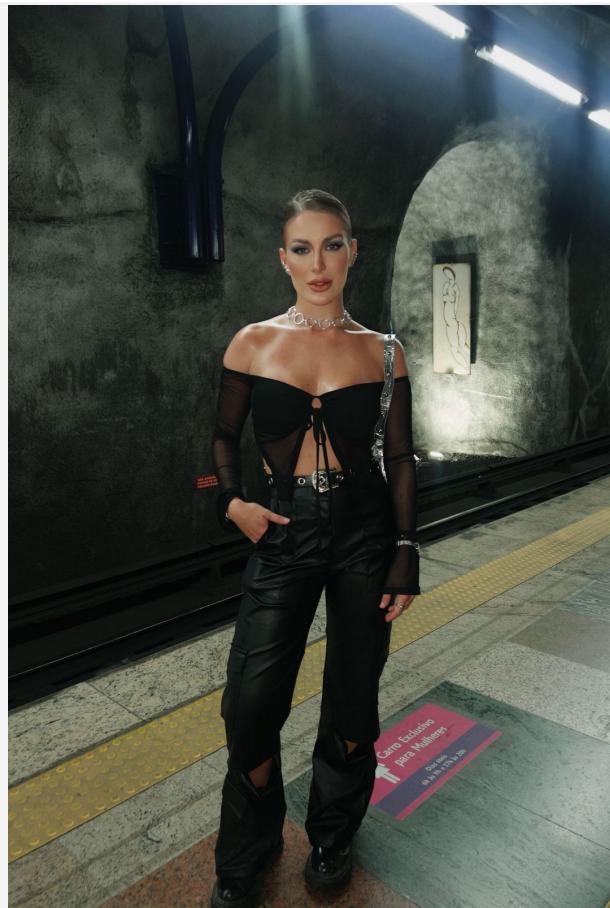
DONOR ADDITIONAL PHOTOS



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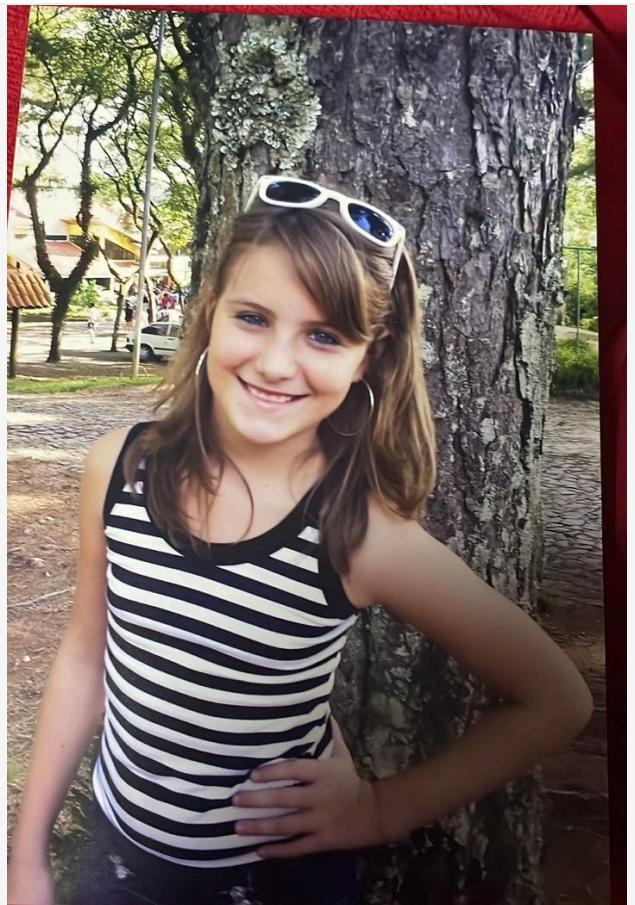
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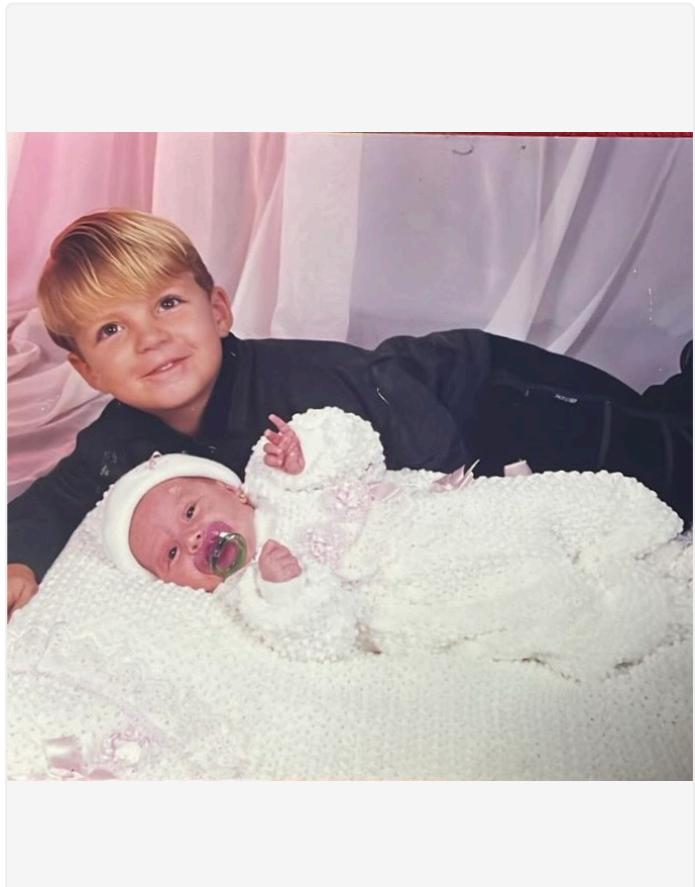
CHILDHOOD ADDITIONAL PHOTOS



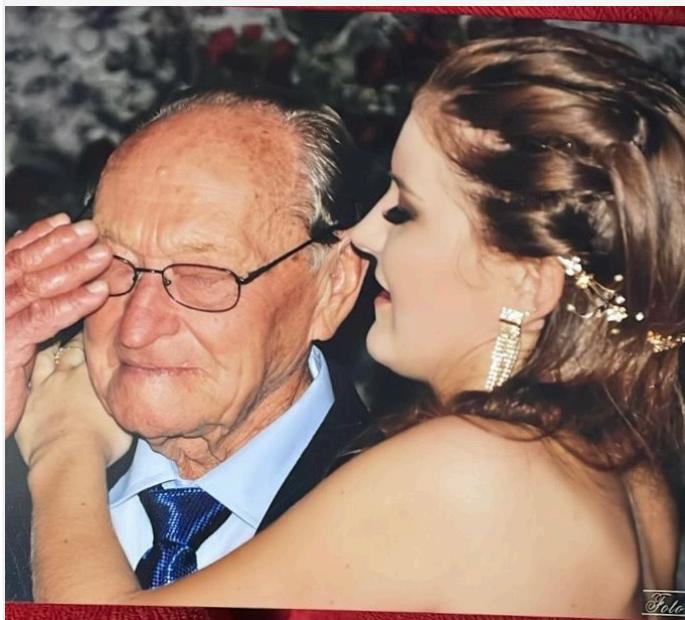
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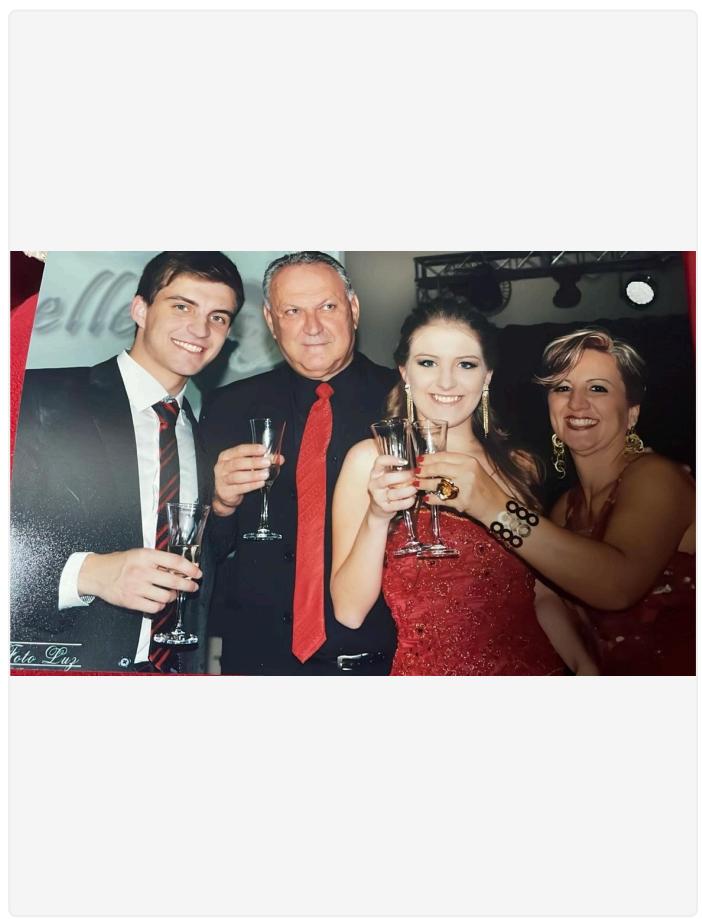
CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

