

EGG DONOR INFORMATION



DONOR ID #4373

SHORT BIOGRAPHY:

She is a charismatic, friendly, and strong person who pursues goals with determination. Loves her family deeply and does everything she can to make sure they're well. She is hardworking and proactive when it comes to solving problems. Sports are a big part of her life — been active since before she was even a year old! She practiced swimming for 10 years, capoeira for 5 years, and for the past 8 years has been dedicated to acrobatic activities and ballet.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 3"

Year of Birth: 2001

Weight: 143

Ethnicity: Latina or Hispanic

Eye Color: Brown

Maternal Heritage: Portuguese

Natural Hair Color: Brown

Parental Heritage: Italian and portuguese

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

Today I study physiotherapy and I will open a practice together with a dance and acrobatic school when I graduate.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was always a very smiling, dreamy and independent child. I always loved doing physical activities and I always got good grades at school.

DESCRIBE YOUR FAVORITE MEMORY.

Some of my most cherished memories are of family trips — moments filled with laughter, discovery, and deep connections that I'll carry with me forever.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a lively, joyful person with a positive outlook on life, driven by a clear sense of purpose and fully committed to achieving my goals with passion and determination.

WHAT ARE YOUR FAVORITE FOODS?

I love all kinds of seafood — honestly, I enjoy every single one of them!

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I like to play sports. It's great for both my body and my mind.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strength is my focus on my goals and my greatest weakness I think is believing too much in people.

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

I would go to Greece to visit: Santorini, Athens, Mykonos and all popular tourist places, that are must-visits.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up, have breakfast, go to work and then go to work or college, depending on the day. I usually have the habit of sleeping and waking up early.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

It's my dream to help people who, for one reason or another, can't have children — to support them in making their dream of parenthood come true.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Biology

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I wish you all the happiness in building a beautiful family, and I hope with all my heart that your dream of becoming parents becomes a reality.

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	Honey	Black	White	6'1	198.4 Lbs	Strong	Bachelor Degree	Diver
Mother	Brown	Black	White	5'6"	149.9 Lbs	Normal	Bachelor Degree	Secretary
Brother 1	Brown	Brown	White	6'1	176.4 Lbs	Strong	Student	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

10

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?

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?

Yes

IF YES, WHAT BRAND

Implanon

WHEN

Last year

DO YOU USE OTHER FORMS OF BIRTH CONTROL

Yes

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)?

I have asthma

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

No

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:

Just creatine

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

Vitamins

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?

Gyn and vodka

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
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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

Yes

GENITAL/URINARY TRACT

No

METABOLIC (HORMONES, ENZYMES, ETC)

No

PLEASE EXPLAIN

Just asthma

DETAILED FAMILY MEDICAL HISTORY

YOU

- Asthma

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?

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.

- 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

RESPIRATORY (LUNGS)

- Asthma (childhood)

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

EYES, EARS, AND SKIN

Vision problems

OTHER EYES, EARS, AND SKIN DISEASE

None

OTHER NEUROLOGICAL DISEASE

None

OTHER PSYCHOLOGICAL DISORDER

None

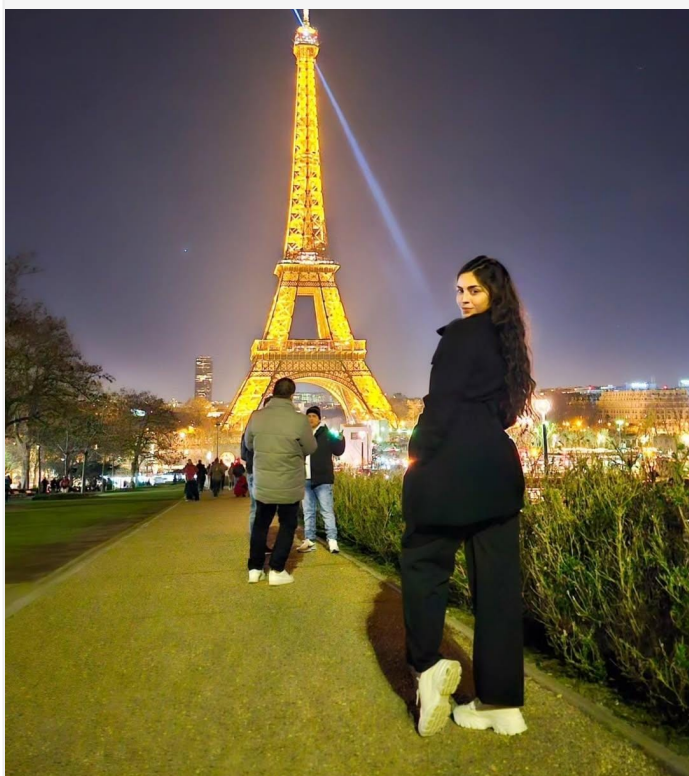
ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



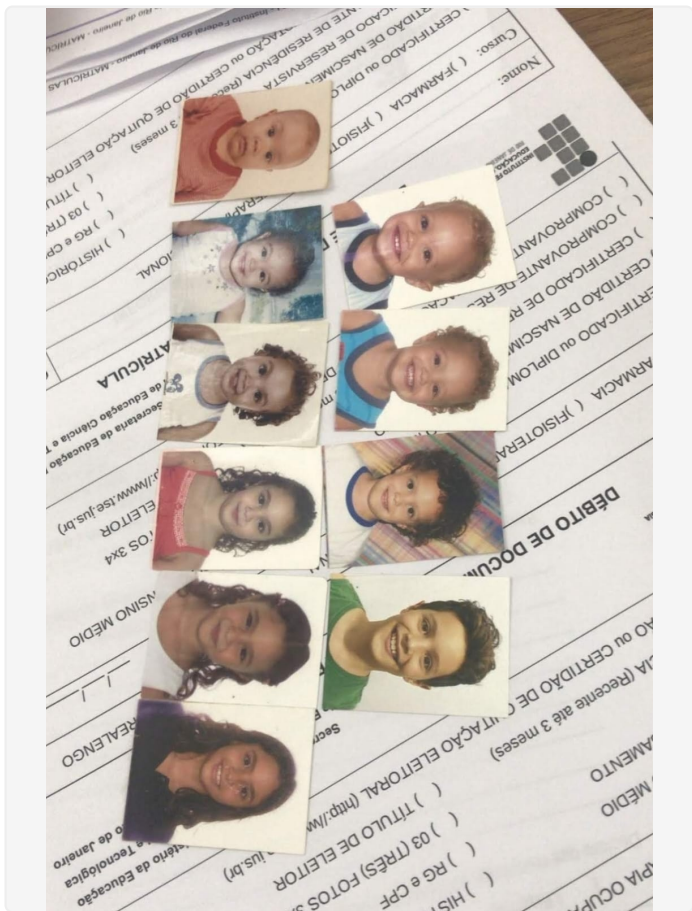
DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

