

EGG DONOR INFORMATION



DONOR ID #4375

SHORT BIOGRAPHY:

She is a cheerful and kind-hearted person, deeply devoted to her family and friends. She approaches life with a sense of lightness and optimism, always finding a reason to smile and bringing joy to those around her. Her ability to see the humor in everyday situations makes her presence uplifting and comforting. With a warm spirit and a generous heart, she naturally creates positive energy wherever she goes.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 7"

Year of Birth: 1997

Weight: 119

Ethnicity: Latina or Hispanic

Eye Color: Brown

Maternal Heritage: German and Italian

Natural Hair Color: Brown

Parental Heritage: Uruguayan

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 goals are to take care of my well-being and support the people I love in every way I can. I also want to grow and strengthen my real estate business, continuously learning and evolving as a professional. And who knows — maybe I'll have the chance to live abroad again and embrace new experiences and cultures.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Loving, easy to make friends with, and creative. I used to enjoy art, philosophy, and religion classes.

DESCRIBE YOUR FAVORITE MEMORY.

Moments with my family, some ballet performances, and a few handball games we won. I've always really enjoyed achieving victories.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am an honest, reliable, and dedicated person. I value kindness, respect, and enjoy helping others. I face challenges with courage and determination.

WHAT ARE YOUR FAVORITE FOODS?

Pasta and Japanese food are my favorite foods.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I love to read and keep my body moving with regular exercise — it helps me relax and stay balanced.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

One of my greatest strengths is my patience — I'm able to stay calm, focused, and persistent, even in challenging situations. On the other hand, one of my weaknesses is that I can be overly detail-oriented and a bit of a perfectionist.

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

Egypt, because of its cultural history.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up and spend time with my son until it's time for him to go to school. We have breakfast together. After that, I work out, come back home, have lunch, and work from 1 p.m. to 5 p.m. Then I stay with my son until his father gets home, and we all go to bed. We have a routine and usually go to sleep early.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I chose to become an egg donor because I want to help others fulfill their dream of becoming parents and experiencing the joy of creating a complete and loving family.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Philosophy and art.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I sincerely wish that your future child brings as much joy and love into your life as mine has brought into mine. Children truly are one of the greatest gifts life can give.

ARE YOU COMMITTED TO BEING A DONOR?

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	Brown	Brown	White	6'1"	176.4 Lbs	Strong	Bachelor Degree	Pharmaceutico
Mother	Green	Blonde	White	5'6"	143.3 Lbs	Skinny	Bachelor Degree	Nurse
Brother 1	Green	Brown	White	6'3	191.8 Lbs	Strong	College	Estudent
Brother 2	Brown	Brown	White	6'1"	176.4 Lbs	Strong	College	Estudent
Children 1	Brown	Blonde	White	3'11	35.3 Lbs	Skinny	Primary School	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

14

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.)?

Yes

IF YES, PLEASE DESCRIBE

Treated Syphilis 10 years ago. Went under treatment and is cured.

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?

No

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)?

No

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

Silicone implant surgery.

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:

Vitamin B6, Vitamin B12, collagen, and Vitamin C

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?

Wine

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
Mother	54	Alive	Back Pain
Father	54	Alive	Back Pain
Brother 1	24	Alive	No

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Brother 2	18	Alive	No
Children 1	2	Alive	No

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?

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?

Yes

IF SO, WHEN?

Syphilis 10 years ago.

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)?

Yes

WHAT INFECTION DID YOU HAVE? CHECK ALL THAT APPLY.

- Syphilis
- Herpes

WHEN DID YOU HAVE THE INFECTION?

2015

WERE YOU TREATED?

Yes, cured.

WHAT TREATMENT DID YOU RECEIVE?

Benzathine penicillin injection

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

PSYCHOLOGICAL (MENTAL)

Anxiety

OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

