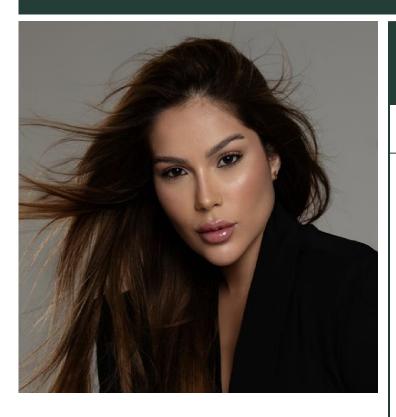


EGG DONOR INFORMATION



DONOR ID #4383

SHORT BIOGRAPHY:

She is an extroverted, organized, intelligent, and dedicated person who approaches every task with enthusiasm and focus. Her natural charisma makes it easy for her to connect with others, while her strong organizational skills ensure that she stays on top of her responsibilities. She is not only thoughtful and insightful but also committed to achieving her goals with determination and perseverance.

DONOR PERSONAL INFORMATION

Location: Brazil **Height:** 5' 0"

Year of Birth: 1997 Weight: 105.8

Ethnicity: Latina or Hispanic **Eye Color:** Brown

Maternal Heritage: Portuguese Natural Hair Color: Brown

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?

Yes

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

lume es

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I want to achieve all my dreams through hard work, so that one day I can proudly look back and be grateful for everything I've accomplished. I hope to accomplish everything I set out to do and make my goals a reality.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was a healthy and happy child, blessed with fair skin, warm brown eyes, and straight brown hair. From a young age, I showed signs of intelligence and curiosity, always eager to learn and explore the world around me. I was full of energy and vitality, which allowed me to enjoy an active and joyful childhood.

DESCRIBE YOUR FAVORITE MEMORY.

My favorite memories are of vacations and family trips—those special times spent exploring new places and enjoying quality moments together.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I have a strong personality, yet I remain flexible and open-minded enough to listen to different opinions and perspectives. I pride myself on being honest, organized, and responsible in everything I do. Additionally, I enjoy socializing and connecting with others, which helps me build meaningful relationships both personally and professionally.

WHAT ARE YOUR FAVORITE FOODS?

Definitely Japanese and Italian food!

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I really enjoy researching new places to explore, planning my trips, and traveling to break away from the routine. The world is such a big and amazing place!

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

One of my greatest strengths is my loyalty—I truly value the people around me. On the other hand, my weakness is that I can be too sentimental at times, which makes me very emotionally involved.

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

I would love to travel to Finland to see the Northern Lights — they truly amaze me. Ever since I was a little girl, I could hardly believe they were real, and the thought of seeing them in person feels like a dream.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

For me, a typical day is a productive one. I start with breakfast, go to the gym, have lunch, take care of personal errands or tasks in the afternoon, work, focus on self-care, and then unwind and rest in the evening.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I believe that if we have the opportunity to help others in any way, we should. I also hope to have my own family one day, so it makes me truly happy to be able to help someone else on their journey.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Portuguese

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

It is with great joy that I offer my donation to be part of making a family's dream come true. Being able to help bring a life into this world in any way is truly a blessing, and I'm deeply grateful for the opportunity to be part of something so meaningful.

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	Green	Brown	Fair Skin	6 Ft 3	220.46 Lbs	Normal	Basic	-
Mother	Brown	Brown	Fair Skin	5 Ft 1	121.25 Lbs	Normal	Basic	Businesswoman
Brother 1	Brown	Brown	Fair Skin	6 Ft	189.60 Lbs	Normal	Complete	Bank Menager
Brother 2	Brown	Brown	Fair Skin	5 Ft 6	132.28 Lbs	Normal	Complete	Arquitchet

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.)?

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?

5
RE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?
No
RE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?
Yes
OO YOU USE OTHER FORMS OF BIRTH CONTROL
Yes
IAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?
No
IAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?
No
IAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE SUSPECTED OR KNOWN TO BE HIV POSITIVE?
No
IAVE YOU EVER HAD RELATIONS WITH A MAN WHO HAS ENGAGED IN ANAL INTERCOURSE OR ORAL SEX WITH NOTHER MAN?
No
IAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (I.E., LEAD, MERCURY, GOLD)?
No
MEDICAL HISTORY
MEDICAL HISTORY
MEDICAL HISTORY OO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)?
MEDICAL HISTORY OO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO
MEDICAL HISTORY O YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:
MEDICAL HISTORY O YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? No IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery.
MEDICAL HISTORY O YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery. IST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.)
MEDICAL HISTORY O YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery. IST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have
MEDICAL HISTORY O YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? No IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery. IST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:
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. Breast implant surgery. HIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN: None HIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND
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. Breast implant surgery. HIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN: None HIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:
MEDICAL HISTORY DO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery. IST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN: None IST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND IERBS) THAT YOU ARE CURRENTLY TAKING: Nothing
MEDICAL HISTORY DO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)? NO IAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE: Yes. Breast implant surgery. IST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.) I don't have DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN: None IST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND IERBS) THAT YOU ARE CURRENTLY TAKING: Nothing IST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:

HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?

No

HAVE YOU BEEN EXPOSED MERCURY, GOLD)?	TO RADIA	TION OR TOXIC CHEM	IICALS IN YOUR WORK OR PERSONAL LIFE (IE; LEAD,
No			
HAVE YOU EVER HAD UNE	(PLAINED	WEIGHT LOSS?	
No			
HAVE YOU EVER HAD KAPO	SI SARCO	DMA?	
No			
HAVE YOU EVER HAD FEVE	R OF UNK	NOWN ORIGIN?	
No			
HAVE YOU EVER HAD PNEU	JMOCYSTI	C PNEUMONIA?	
No			
HAVE YOU EVER HAD SEXU	JAL RELAT	TIONS WITH ANYONE V	WITH THE ABOVE SYMPTOMS/DISEASES?
No			
DO YOU SMOKE CIGARETT	ES?		
No			
DO YOU DRINK ALCOHOL?			
No			
HAVE YOU EVER USED REC	REATION	AL DRUGS? (LSD, MAR	IJUANA, HEROIN OR COCAINE, ETC.)
No			
HAVE YOU EVER BEEN TRE	ATED FOR	DEPRESSION?	
No			
HAVE YOU EVER ATTEMPT	ED SUICID	E?	
No			
FAMILY MEDICAL HISTORY			1
Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
BONES, MUSCLES, JOINTS,	LIMBS		
No			
GASTROINTESTINAL SYSTE	М		
No			
NERVOUS SYSTEM, BRAIN,	SPINAL C	CORD	
No			
BLOOD OR CIRCULATORY S	YSTEM		
No			
RESPIRATORY SYSTEM			
No			
GENITAL/URINARY TRACT			
No			

METABOLIC (HORMO	NES, ENZYMES, ETC)
No	
DETAILED FAMI	LY MEDICAL HISTORY
YOU	MOTHER
• Anemia	• Anemia
DESCRIBE YOUR SEL	ECTED MEDICAL PROBLEM
Anemia	
DESCRIBE YOUR MO	THER'S SELECTED MEDICAL PROBLEM
Anemia	
GRANDPARENTS	
• Pneumonia	
DONOR RISK AS	SSESSMENT QUESTIONNAIRE
_	ED DRUGS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS,
No	D SUBCUTANEOUS INJECTION?
	ED HUMAN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR RATE 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	<u> </u>
4. IN THE PAST 12 M	ONTHS, HAVE YOU BEEN IN JAIL FOR MORE THAN 72 CONSECUTIVE HOURS?
No	
5. IN THE PAST 12 M QUESTIONS?	ONTHS, HAVE YOU HAD SEX WITH ANYONE WHO WOULD ANSWER YES TO THE PREVIOUS
No	
6. IN THE PREVIOUS B OR HEPATITIS C?	12 MONTHS, HAVE YOU HAD SEX WITH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS
No	
HEPATITIS C INFECT	ONTHS, HAVE YOU BEEN EXPOSED TO KNOWN OR SUSPECTED HIV, HEPATITIS B AND/OR ED BLOOD THROUGH PERCUTANEOUS INOCULATION (E.G., NEEDLE STICK) OR THROUGH CONTAC ND, NON-INTACT SKIN OR MUCUS MEMBRANE?
No	
	ONTHS HAVE YOU HAD AN ACCIDENTAL NEEDLE STICK, SHARP INSTRUMENT INJURY, CONTACT O, SERUM OR PLASMA IN THE EYE, MUCOUS MEMBRANES (LIPS OR INTERIOR OF NOSE) OR
No	
	ONTHS , HAVE YOU LIVED WITH (RESIDED IN THE SAME DWELLING) ANOTHER PERSON WHO HA IICALLY ACTIVE (SYMPTOMATIC) HEPATITIS C INFECTION?
No	
10. IN THE PAST 12 I	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)?
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
N THE PAST 7 DAYS HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?
No
AVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH WEST NILE VIRUS (WNV)?
No
IAVE YOU EVER RECEIVED A DURA-MATER (BRAIN COVERING TISSUE) GRAFT?
No
IAVE 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
N 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.
• 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	
MEDICAL HISTORY	
OTHER HEART DISEASE	OTHER BREATHING PROBLEM
None	None
OTHER MINDNEY PROPIEM	
OTHER KINDNEY PROBLEM	Nama
	None
OTHER BLADDER PROBLEM	
	None
OTHER GI DISEASE	
OTTLER GI DISLASE	None
	Notice
OTHER MUSCULOSKELETAL DISEASE	
	None
OTHER HORMONAL DISEASE	
	None
	THORIC .
OTHER REPRODUCTIVE DISEASE	
	None
HEMATOLOGICAL (BLOOD)	
Anemia	
OTHER BLOOD DISEASE	
	None
OTHER EVEC TARG AND GIVEN DIGESCE	
OTHER EYES, EARS, AND SKIN DISEASE	Nama
	None
OTHER NEUROLOGICAL DISEASE	
	None
OTHER PSYCHOLOGICAL DISORDER	

	None	
A	NY OTHER DISEASE OR DISORDER	_
	None	

DONOR ADDITIONAL PHOTOS









DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS









FAMILY ADDITIONAL PHOTOS



