

## EGG DONOR INFORMATION



**DONOR ID #4388**

### SHORT BIOGRAPHY:

She is a lawyer. She has a calm and good-humored personality but knows how to be firm when needed. She enjoys going out with friends, making people laugh, and socializing, yet she also shows strong focus and discipline when it comes to studying. Currently, she is preparing for public service exams while working with the Brazilian government. Although she's not particularly focused on the gym at the moment, she stays in shape easily and rarely gains weight. Her hair is long, dark brown, and grows quickly. Her eyes are light-colored—a trait inherited from her father, who has blue eyes, while her mother's are brown.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Year of Birth:** 1999

**Ethnicity:** Latina or Hispanic

**Maternal Heritage:** Portuguese

**Parental Heritage:** Italian

**Height:** 5' 6"

**Weight:** 112

**Eye Color:** Amber

**Natural Hair Color:** Brown

## 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:

None

### PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I want to grow professionally, build my family in the future, and be happy around people who truly make me feel good. I also want to travel the world and provide a good life for my family.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was a loving, polite, and intelligent child. Always surrounded by good friends and focused on my studies. I always had a good relationship with my weight, controlled my diet, and was an athletic child. I loved sports. Also I was very vain.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory was when my parents adopted my first pet, Tony. Tony was a cat who basically grew up with me, we lived together for a good 12 years. He was very sweet and affectionate.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I have a strong personality, the kind of person who listens to what others have to say, but I also trust my own intuition. I'm very loyal, cooperative, funny, communicative, and intelligent. I'm also observant, sincere and vain, I like to look beautiful.

### WHAT ARE YOUR FAVORITE FOODS?

I love sweets, especially chocolate. I'm also fascinated by japanese food, pasta, sandwiches, homemade meals, and fruit.

### WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I love travel, meeting up with friends, spending time with my family, go to restaurants, and going out to parties. I also need to take time for self-care, skincare, and my mental and spiritual health. I also love watching TV shows and movies, and take photos.

### WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strength is loyalty and transparency. I give deeply to the people I love. I'm also a great partner, sincere, and big-hearted. Physically, I have a good body, healthy hair, and a sweet face. My weakness is sometimes getting angry when things don't go as I imagined, or when I'm dealing with deceit.

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

I'd like to go to the Maldives. I think it's a beautiful place, with surreal beauty and a calm place to rest my mind.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

My day starts in the morning when I wake up, make breakfast, and get ready for work. After returning from the office, I study for my upcoming exams. I usually like to get ready to go out to dinner and take photos. I also like to exercise at least once a week.

### WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I decided to be a donor because I believe love fits into many family forms, and knowing I can help someone realize their dream of becoming a mother or father warms my heart. My role as a human being is to look out for others, and since I can help, I'm in.

**WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?**

I loved history, geography and writing classes.

**PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.**

Dear future parents,  
 The decision to donate my eggs came from a sincere desire to help someone realize their dream of having a child, a dream filled with so much love, courage, and hope. Know that this donation was made with all my heart. I pray that this new life to come will be filled with light, love, and possibilities. May this baby grow up surrounded by affection and may you experience the most beautiful moments of this journey as parents. The world needs more families born of love. It is an honor to be part of your story, even from afar.  
 With much love

**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	Blue	Dark Blonde	Fair	5'11"	194Lbs	Average	Complete Higher Education	Football Director
Mother	Brown	Brown	Fair	5'5"	143,3Lbs	Average	Complete High School	Housewife
Brother 1	Brown	Brown	Fair	5'12"	181Lbs	Average	Complete High School	Football Player
Sister 1	Brown	Brown	Fair	5'6"	139Lbs	Average	Complete Higher Education	Advertising Profession

**REPRODUCTIVE HISTORY****AGE AT FIRST PERIOD**

14

**ARE YOUR CYCLES**

Regular

**INTERVAL BETWEEN PERIODS**

26

**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?**

3

**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:**

No

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

None

**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:**

None

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

None

**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 KAPOSÍ 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?**

Vodka and wine

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?**

1

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?**

2

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?**

8

**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****GASTROINTESTINAL SYSTEM****NERVOUS SYSTEM, BRAIN, SPINAL CORD****BLOOD OR CIRCULATORY SYSTEM****RESPIRATORY SYSTEM****GENITAL/URINARY TRACT****METABOLIC (HORMONES, ENZYMES, ETC)****DETAILED FAMILY MEDICAL HISTORY****GRANDPARENTS**

- Intestinal cancer

**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?**

**2. HAVE YOU RECEIVED HUMAN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR FACTOR IX CONCENTRATE FOR HEMOPHILIA OR A RELATED CLOTTING DISORDER?**

**3. IN THE PAST FIVE YEARS, HAVE YOU BEEN GIVEN MONEY OR DRUGS IN EXCHANGE FOR HAVING SEX?**

**4. IN THE PAST 12 MONTHS, HAVE YOU BEEN IN JAIL FOR MORE THAN 72 CONSECUTIVE HOURS?**

**5. IN THE PAST 12 MONTHS, HAVE YOU HAD SEX WITH ANYONE WHO WOULD ANSWER YES TO THE PREVIOUS QUESTIONS?**

**6. IN THE PREVIOUS 12 MONTHS, HAVE YOU HAD SEX WITH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS B OR HEPATITIS C?**

**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?**

**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

**12A. IF THE PERSON REFERRED TO IN QUESTION 12 WAS A MEMBER OF YOUR HOUSEHOLD, WERE YOU EXPOSED TO THAT INDIVIDUAL'S BLOOD, SALIVA OR OTHER BODY FLUIDS (E.G., THROUGH DEEP KISSING, SHARED TOOTHBRUSHES, RAZORS, OR NEEDLES, OR THROUGH OPEN WOUNDS OR SORES)?**

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

**15A. HAVE YOU HAD ANY NEW SKIN RASH OR SORE SINCE THE TIME OF CONTACT?**

No

**15B. HAVE YOU HAD ANY ILLNESS OR COMPLICATIONS FROM YOUR CLOSE CONTACT WITH SOMEONE WHO WAS VACCINATED?**

No

**15C. DID THE SCAB SEPARATE/FALL OFF BY ITSELF FROM THE PERSON WHO HAD THE SMALLPOX VACCINATION?**

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

### OTHER BREATHING PROBLEM

None

### OTHER KIDNEY 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

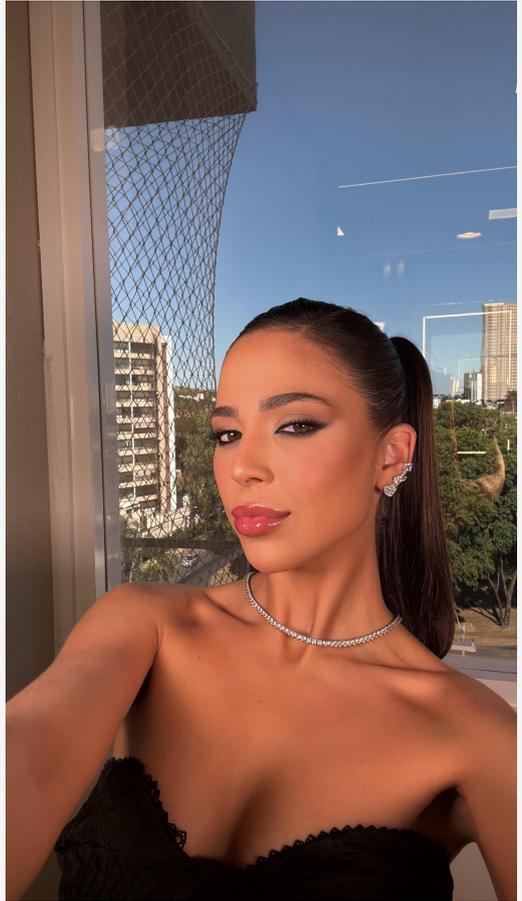
**ANY OTHER DISEASE OR DISORDER**

None

DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



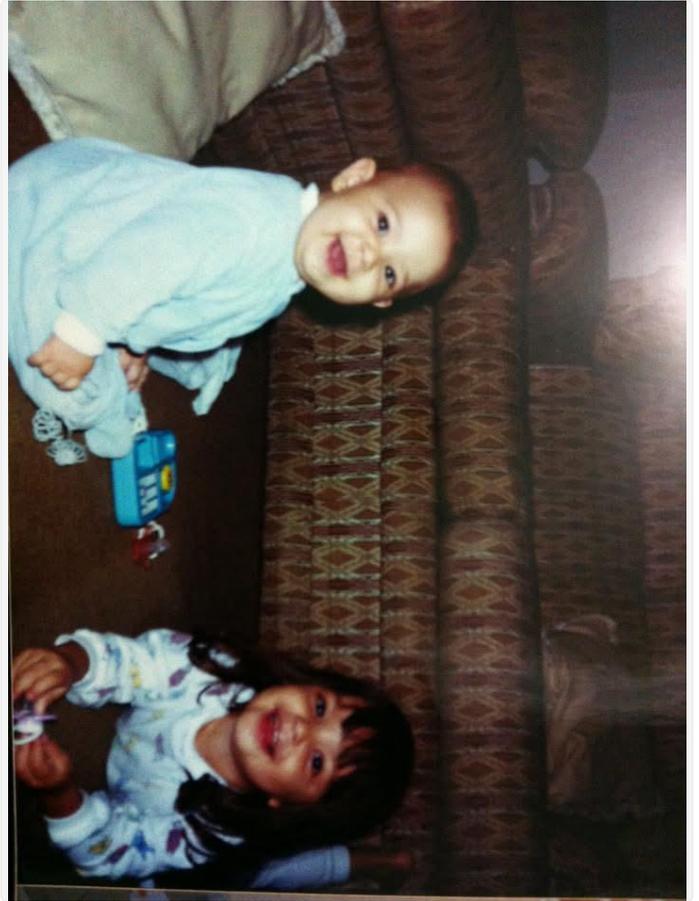
DONOR ADDITIONAL PHOTOS



# CHILDHOOD ADDITIONAL PHOTOS



## CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



## FAMILY ADDITIONAL PHOTOS

