

EGG DONOR INFORMATION



DONOR ID #4389

SHORT BIOGRAPHY:

She is a woman who finds balance between body, mind, and soul—whether in the mornings at the gym, barefoot in the sand, or in moments of silence gazing at the sea. A Biomedicine student, she also possesses the sensitive and creative outlook of someone who once studied Architecture. Her journey is one of courageous choices, conscious changes, and a constant desire to explore new things. With three brothers, she is a devoted sister who values connection and affection. A free-spirited traveler, she loves discovering new places and people, always seeking experiences that connect her with the truest aspects of life.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 11"

Year of Birth: 1997

Weight: 147.7

Ethnicity: Latina or Hispanic

Eye Color: Brown

Maternal Heritage: Italian

Natural Hair Color: Brown

Parental Heritage: Brazilian

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:

Condom

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

My goal is to build a solid career in Biomedicine, contributing to people's health and well-being. I'm passionate about self-care and a healthy lifestyle, and I constantly strive for personal growth. I want to develop professionally, travel the world to discover new cultures, have transformative experiences, and, in the future, build a family based on love, respect, and emotional and financial stability.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

As a child, I was curious, affectionate, and very observant. I loved exploring the world around me, playing with my siblings, and being in nature, especially in places that brought me peace. I was always dreamy, creative, and full of imagination—I loved drawing, creating stories, and asking questions about everything. I was sensitive, sweet, and enjoyed helping others, with a generous heart and a lighthearted energy that captivated everyone around me.

DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory is of a late afternoon on the beach, in silence, with my feet in the still-warm sand and the sky painted in soft shades of pink and gold. I felt whole—light, present, as if the universe were in perfect harmony with what I carried in my heart. I remember the wind ruffling my hair, the smell of salt in the air, and how calm my heart felt. It was one of those moments that doesn't need words, only feeling. I wanted nothing more than that: just to be there, being me, feeling life embrace me silently and deeply. This memory is my refuge. It's where I return when I need to remember who I am.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I have an intense yet light-hearted personality. I'm sensitive, intuitive, and profound—I feel everything with great truth. I enjoy real connection, being around people who make me feel good, and environments that convey peace. I'm determined in my dreams and careful with those I love. I have a generous heart, which resonates with the good of others, but I've also learned to prioritize myself and cultivate my self-love. I carry a silent strength: even when life weighs on me, I reinvent myself, reconnect, and move forward with courage. I'm curious; I enjoy learning, growing, and evolving. My character is guided by respect, loyalty, and values I won't compromise—authenticity, truth, and reciprocity.

WHAT ARE YOUR FAVORITE FOODS?

My favorite foods are those that nourish not only the body but also the soul. I love Japanese food—the delicate flavor, the aesthetics of the dishes, and the lightness it brings enchant me. I also enjoy meals with a homey and warm touch, like light and healthy dishes that fit my fitness-conscious lifestyle. Fresh fruit, well-seasoned salads, grilled meats, and anything that balances flavor and well-being wins me over. But of course, I also know how to enjoy special moments with something different, like a delicious dessert or a dish that brings back fond memories. Eating, for me, is also a form of self-care.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I enjoy working out, playing tennis, cycling, and enjoying the beach. I also love traveling to see new places and people, as well as going to the movies. I enjoy being in places that exude peace and positive energy.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strengths are that I'm dedicated and disciplined, especially when it comes to my hobbies and studies. I have a positive energy that helps me seek out places and experiences that bring peace and good vibes. I'm curious and love meeting new people and cultures, which makes me very open and adaptable. My biggest weaknesses are

that I can sometimes be too perfectionist, which can make me anxious or overly demanding of myself. I can be a bit stubborn when I strongly believe in something, which doesn't always make it easy to listen to different opinions. At times, I have difficulty slowing down and relaxing, especially when I'm very focused on my goals.

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

If I could visit anywhere in the world, it would definitely be Disney! I've always dreamed of experiencing all that magic, enjoying the parks, the characters, and having fun like a kid again. There's no better place to feel that vibe of joy and adventure!

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

My day starts focused, balancing my biomedical studies with my gym workouts. I like to start the day by taking care of my body and mind. Then, when I have free time, I take advantage of it to play tennis or cycle; something that makes me feel alive and energized. I also love to escape to the beach, feel the sea breeze, and relax a bit. On weekends, whenever possible, I like to travel to see new places and people because I love this exchange of experiences. In the evening, a good trip to the movies or a quiet moment in a place that exudes peace and positive energy is the perfect way to end the day.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I decided to become an egg donor because I believe I can help others achieve their dream of having a family. I know that not everyone can achieve this naturally, and being able to contribute to this gives me a wonderful feeling of purpose and solidarity. Furthermore, it's a way to transform something in my body into something that makes a difference in someone's life, and that's very rewarding for me.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

My favorite classes in school were religious education and physical education, without a doubt. In religious education, I enjoyed thinking about values, spirituality, and things that make us reflect on life more deeply. Physical education was my time to cheer up and take care of my body, which I simply adore.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Dear future parents, it is with great affection and hope that I make this egg donation to you. I know how special and challenging the dream of starting a family is, and I am happy to be able to help make this dream a reality. I want you to know that, even though we haven't met in person, I share with you this desire for love, care, and happiness that only a child can bring. I hope this new life born from my donation fills your hearts with joy and fulfillment. 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	Brown	Black	Medium	6'6	209Lbs	Slim	College	Businessman
Mother	Green	Blonde	Fair	5'3	143Lbs	Slim	College	Stay At Home
Brother 1	Brown	Black	Fair	6'4	213,4Lbs	Slim	College	Salesman
Brother 2	Hazel	Brown	Fair	6'1	187Lbs	Slim	College	Salesman

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

15

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?

2

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

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)?

No

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:

I already had chickenpox

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

Omega-3, multivitamins (A to Z), vitamin B12, iron

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

Omega-3, multivitamins (A to Z), vitamin B12, iron, amoxicillin, nimesulide, dipyrone (metamizole), and Tylenol Sinus.

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?

vinho, gim e 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

No

GENITAL/URINARY TRACT

No

METABOLIC (HORMONES, ENZYMES, ETC)

No

DETAILED FAMILY MEDICAL HISTORY

GRANDPARENTS

- High blood pressure

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

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

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)?

Yes

WHAT INFECTION DID YOU HAVE? CHECK ALL THAT APPLY.

- HPV

WHEN DID YOU HAVE THE INFECTION?

2023

WERE YOU TREATED?

Yes

WHAT TREATMENT DID YOU RECEIVE?

I took HPV vaccine and medical follow up every 6 months

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?

Yes

IF YES - WHEN:

2025

TYPE:

HPV vaccine

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.

- 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

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

OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

