

## EGG DONOR INFORMATION



**DONOR ID #4401**

### SHORT BIOGRAPHY:

She is a caring and optimistic person who values family, education, and personal growth. She enjoys learning new things, staying active, and spending time with the people she loves. She believes in kindness, resilience, and making a positive impact in the lives of others. She feels grateful for the opportunity to help someone achieve their dream of becoming a parent, and hopes her contribution can bring joy and love to another family.

## DONOR PERSONAL INFORMATION

**Location:** United States

**Height:** 5' 2"

**Year of Birth:** 1994

**Weight:** 128

**Ethnicity:** Latina or Hispanic

**Eye Color:** Brown

**Maternal Heritage:** Portuguese

**Natural Hair Color:** Brown

**Parental Heritage:** Portuguese

## PERSONAL INFORMATION

### WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Master's degree

### DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

No

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

Oral

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

I dream of being a professionally fulfilled person, emotionally and financially stable and being able to spend time with my family and children, being able to travel and continue exploring the world with them, being grateful to God for everything he is capable of providing me and, most importantly, that my family and I are healthy.

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

My mother always tells me that I was a quiet child who never caused any trouble. Always smiling, calm, and always very sociable. I loved going to school and especially staying out late playing with other children. I've studied english many years and I've practiced many many sports like volleyball, swimming, ballet, jazz, gymnastics, etc.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory was when I received the news that I had gotten the scholarship to do an exchange in Spain, because it was my dream and I fought hard to achieve it.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a very friendly and loving person. I'm very curious and love learning new things. I like helping people and I identify with those who enjoy life and pursue their dreams and desires instead of waiting for them to come to them. I love to travel and know new cultures.

### WHAT ARE YOUR FAVORITE FOODS?

Sushi, salad, sea food, pizza, pasta, arabic food.

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

Definitely travel! But I also like do exercises, go to the beach, practice yoga, go to see some beautiful view, call my friends, go to the library or read a book in a coffee shop. I love doing anything with my brother because I love him.

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

My strengths are I'm a very friendly person, and people trust me. I'm quite communicative, and this skill has opened many doors for me and taken me to many places. I'm very curious, and through this, I learn a lot. I also have a great sense of direction. My weaknesses are that I'm not sure what career to pursue in life, and I tend to be stubborn when I want something.

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

I would definitely go to southern Africa, to experience the paradisiacal beaches of Zanzibar and the African culture, with a people who have much to teach us in terms of values, humility, and happiness. I believe they are people very rich in humanity, something I admire, and I'm sure I would leave completely different from how I arrived.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I usually wake up early, give to my boyfriend a kiss, go have breakfast, go to the gym, read some thing to learn something new, go to work, come back home, take a shower, talk to my boyfriend about our day, we watch some movie, I pray and go to sleep. I like to sleep early.

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

Because I love to help people.

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

I love to learn about history and biology to understand about the world and how our bodies works.

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

Hello, I'm so happy to hear you're reading this message and that I understand that sometimes things don't happen exactly as we hope. I believe everything has a purpose, and that this encounter may be the purpose. I'm happy to be able to bring happiness and hope at a time when despair might be the reason you thought to do this donation. I'd like to say that I sympathize with this and hope that you achieve exactly what you're looking for and find great happiness and fulfillment. With 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	Dark Brown	Dark Brown	White	5.5 Ft	198 Lbs	Endomorph	Master Degree	Engineer
Mother	Dark Brown	Black	White	5.2 Ft	150 Lbs	Rectangle	Bachelor Devree	Entrepreneurs
Brother 1	Dark Brown	Black	White	5.7 Ft	176 Lbs	Ectomorph	Master Degree	Engineer

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

11

**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?

1

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

Yes

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

Afasys

WHEN

Every day

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:

No

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

Sertraline

Bisoprolol

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

Nothing else

**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?**

No

**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
Maternal Grandmother		80	Natural
Maternal Grandfather		83	Diabetic
Paternal Grandmother	85		Nothing
Paternal Grandfather	79		Nothing

**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

**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

**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

**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

**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)?**

Yes

**WHAT INFECTION DID YOU HAVE? CHECK ALL THAT APPLY.**

- Herpes

**WHEN DID YOU HAVE THE INFECTION?**

Year ago

**WERE YOU TREATED?**

Medicine

**WHAT TREATMENT DID YOU RECEIVE?**

Oral

**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.**

- England
- 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**

- Brazil

ASIA

- NONE

AFRICA

- NONE

UNITED STATES

- Southern Florida (includes Miami Beach)

MEDICAL HISTORY

CARDIAC (HEART)

- Other heart disease

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

**PSYCHOLOGICAL (MENTAL)**

Other psychological disorder
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**OTHER PSYCHOLOGICAL DISORDER**

None
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**ANY OTHER DISEASE OR DISORDER**

None
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## DONOR ADDITIONAL PHOTOS





## CHILDHOOD ADDITIONAL PHOTOS



## CHILDHOOD ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

