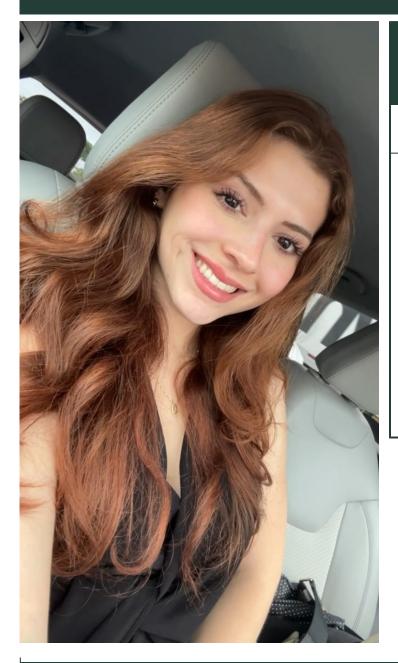


# **EGG DONOR INFORMATION**



# **DONOR ID #4409**

## **SHORT BIOGRAPHY:**

She is a very active individual who enjoys taking care of herself and maintaining a healthy lifestyle. She is now continuing her education to become a nurse, with the ultimate goal of becoming a nurse practitioner. She is family-oriented, compassionate, and has a deep love for animals. Her caring nature and dedication to helping others are reflected in both her personal and professional goals.

# **DONOR PERSONAL INFORMATION**

**Location:** United States **Height:** 5' 4"

Year of Birth: 2002 Weight: 134

**Ethnicity:** Hispanic **Eye Color:** Brown

Maternal Heritage: Honduran Natural Hair Color: Red

Parental Heritage: Honduran

# 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:

I'm using the daily pill

## PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I hold a bachelor's degree in Dietetics and Nutrition and will be returning to school in January to pursue a second bachelor's degree in Nursing. After becoming a registered nurse, I plan to continue my education by earning a master's degree to become a nurse practitioner. My long-term goal is to open my own wellness clinic, where I can combine my knowledge of nutrition and medicine to help others lead healthier lives.

## DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was very active and full of energy. I loved playing sports, spending time with animals, and was always caring and fun to be around. Also very girly, I loved princesses, Barbie dolls, and anything pink.

#### **DESCRIBE YOUR FAVORITE MEMORY.**

My favorite memory is going to Disneyland with my family.

#### **DESCRIBE YOUR PERSONALITY AND CHARACTER**

I am respectful, disciplined, and persistent, always striving to achieve my goals while staying true to my values. I approach challenges with determination and a positive attitude, and I am caring and supportive toward my friends, family, and those around me.

## WHAT ARE YOUR FAVORITE FOODS?

My favorite food is sushi.

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

I enjoy staying active and take pride in my fitness routine, which includes going to the gym, doing weight training, and spinning classes.

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

I would say my greatest strengths are my determination and discipline. My biggest weakness is expecting too much from myself and putting too much pressure on my shoulders.

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

If I could visit anywhere in the world, I would love to visit Spain. I am drawn to its rich history, vibrant culture, and beautiful architecture.

## **DESCRIBE A TYPICAL DAY IN YOUR LIFE.**

A typical day in my life starts with work, where I am busy from 7:00 a.m. to 4:00 p.m. After work, I go to the gym to stay active and maintain a healthy lifestyle. Once I get home, I enjoy spending time with my dog by taking her for a walk.

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

I have decided to become an egg donor because I want to make a positive impact in the lives of women and families struggling with infertility.

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

My favorite classes in school have always been science classes, especially anatomy. I enjoy learning about how the

body works and understanding the complex systems.

# PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Hello! I am honored to have the opportunity to help you on your journey to parenthood. I hope that through my donation, I can make a meaningful difference in your lives and help bring your dreams of having a child to reality. I wish you all the best and am grateful to be a part of this special journey with you.

#### 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	<b>Body Type</b>	<b>Education Level</b>	Occupation
Father	Brown	Black	Brown	5'8	Not Sure	Fit	Bachelor's Degree	Entrepreneur
Mother	Brown	Blonde	Fair	5'0	105Lb	Skinny	Bachelor's Degree	Entrepreneur
Brother 1	Brown	Black	Brown	5'6	Not Sure	Muscular/Fit	High School	College Student

# REPRODUCTIVE HISTORY

## **AGE AT FIRST PERIOD**

12

## **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 CONTR	OL?			
Yes				
IF YES, WHAT BRAND	WHEN			
Estarylla	every day for the past 7 years			
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 ANOTHER MAN?	ENGAGED IN ANAL INTERCOURSE OR ORAL SEX WITH			
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, DI	ABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)?			
No				
HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:				
Cyst removal surgery when I was 19 years old.				
LIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, N	MEDICATIONS, ETC.)			
None				
DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:				
None				
LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND HERBS) THAT YOU ARE CURRENTLY TAKING:	O NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND			
Vitamin D and birth control				
LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAS	ST FIVE YEARS:			
Only the ones mentioned before.				
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?

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?** 

# **FAMILY MEDICAL HISTORY**

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Mother	47	Still Alive	A Bit Of High Cholesterol
Father	47	Still Alive	None
Brother 1	18	Still Alive	None

**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, EN	ZYMES, ETC)			
No				
DETAILED FAMILY ME	DICAL HISTORY			
YOU	GRANDPARENTS			
Uterine fibroids	Diabetes Mellitus			
DESCRIBE YOUR GRANDPARE	ENTS' SELECTED MEDICAL PROBLEM			
Grandmother from mom's s but I don't know much deta	side had breast cancer but survived. My grandfather from dad's side has type 2 diabetes ils as we are not close.			
DONOR RISK ASSESS	MENT QUESTIONNAIRE			
1. HAVE YOU INJECTED DRUG INTRAMUSCULAR AND SUBC	GS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS,			
No				
	AN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR OR 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
.0. 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
3. 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
4. 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
1. 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)?
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?

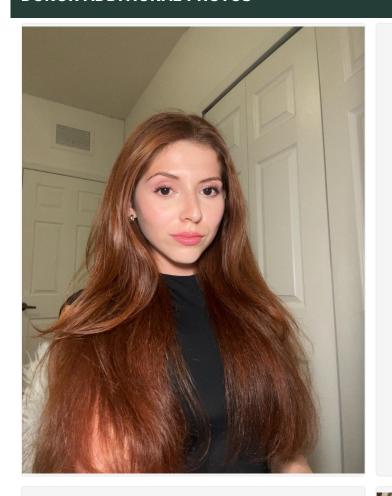
No
HAVE YOU HAD A PARTNER WHO HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER
No
HAS YOUR CURRENT PARTNER EVER BEEN IN PRISON?
No
IN THE PAST 12 MONTHS HAVE YOU BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?
No
IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO HAS 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 OF 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

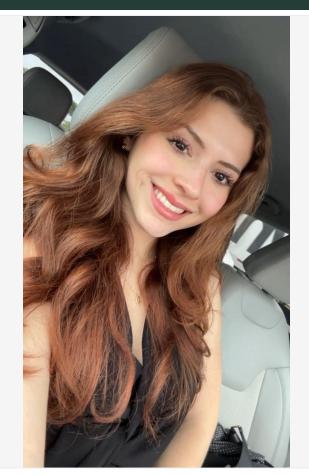
No				
USED MARIJUANA (INCLUDING MEDICAL MARIJUANA)				
No				
USED COCAINE IN ANY FORM				
No				
USED LSD (ANGEL DUST)				
No				
USED METHAMPHETAMINE				
No				
USED ANY ILLICIT DRUG NOT LISTED				
No				
HAVE YOU EVER USED PRESCRIPTION MEDICATIONS FOR	REASONS OTHER THAN THEIR INTENDED USE?			
No				
ARE YOU CURRENTLY USING ANY ILLICIT DRUGS OR PRES	CRIPTION DRUGS FOR NON-MEDICAL REASONS?			
No				
DURING WORK ARE YOU EXPOSED TO TOXIC OR RADIOAC	TIVE SUBSTANCES?			
No				
HAVE YOU EVER HAD A NEEDLE STICK INJURY?				
No				
HAVE YOU EVER BEEN TESTED FOR HIV/AIDS?				
Yes				
IF YES - WHEN:	RESULTS:			
January 2025	negative			
HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?				
Yes				
YES - WHEN: TYPE:				
Flu and TDAP	September 2025			
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 U	JS MILITARY OR CIVILIAN EMPLOYEE?			
No				

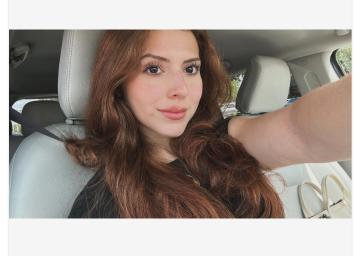
BETWEEN 1980 AND 1996 WERE YOU A DEPENDENT OF	A MEMBER OF THE US MILITARY?
No	
HAVE YOU TRAVELED TO A COUNTRY AFFECTED BY OR T	REATED FOR SARS IN THE PAST 14 DAYS?
No	
HAVE YOU BEEN WITH AN INDIVIDUAL AFFECTED BY SAF	RS IN THE PAST 14 DAYS?
No	
IN THE PAST 12 MONTHS HAVE YOU RECEIVED ANY OF T	THE FOLLOWING
Permanent make-up	
TRAVEL	
BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED TO AITHAT APPLY.	NY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL
• NONE	
HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MORE ASSOCIUNTRIES? CHECK ALL THAT APPLY.	OCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING
• NONE	
MEXICAN RIVIERA	
• NONE	
THE CARIBBEAN	
• NONE	
CENTRAL AMERICA	
Honduras	
PACIFIC ISLANDS	
• NONE	
SOUTH AMERICA	
• NONE	
ASIA	
• NONE	
AFRICA	
• NONE	
UNITED STATES	
<ul><li>Miami-Dade County, Florida</li><li>Southern Florida (includes Miami Beach)</li></ul>	
MEDICAL HISTORY	
OTHER HEART DISEASE	OTHER BREATHING PROBLEM
None	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**





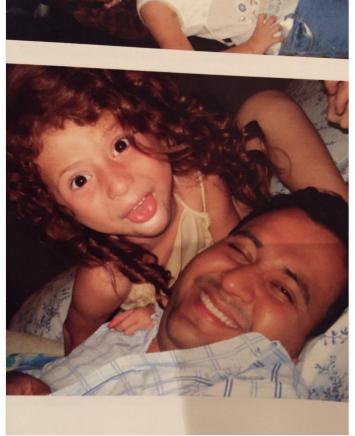




# **CHILDHOOD ADDITIONAL PHOTOS**









# **CHILDHOOD ADDITIONAL PHOTOS**





# **FAMILY ADDITIONAL PHOTOS**

