

## EGG DONOR INFORMATION



**DONOR ID #4416**

### SHORT BIOGRAPHY:

She is an American high-fashion runway model born and raised in Los Angeles. She has five siblings, three older and two younger. Her younger siblings share the same father, and her older siblings share the same mother. She is also an artist and photographer who enjoys traveling, spending time in nature, and making memories with family and friends. She also loves skateboarding and swimming. Her favorite color is blue, and she has a strong passion for style.

## DONOR PERSONAL INFORMATION

**Location:** Germany

**Height:** 6' 0"

**Year of Birth:** 1997

**Weight:** 135

**Ethnicity:** Black, Native American

**Eye Color:** Green

**Maternal Heritage:** Spanish

**Natural Hair Color:** Brown

**Parental Heritage:** German, West Prussian

## PERSONAL INFORMATION

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

Some college

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

Yes

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

None

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

I aspire to go back to school for business administration. I aspire to write a few books, maybe even a screenplay - become more established in the art world, and continue my modeling career. I aspire to run businesses of my own, and earn money to donate to philanthropic acts and support my family. Mainly, I aspire to have a healthy and long fulfilling life with as few regrets as possible. I love taking risks and aiming for the highest possible outcomes whenever I can.

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

I was a good girl, very attentive to detail, always wanting to play at the playground or in the garden. I took an interest in insects and plants early on, as well as collecting rocks and stones. I never got into trouble at school and always had high achievements. I had a good amount of friends, but spent a lot of time alone until puberty because of my insecurities, a late bloomer. I was high energy but not too demanding, and spent time cooking with my grandma, learning table etiquette and other life skills through observing others. I tended to lean towards socializing more with older people to learn from them.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory is with my parents at the beach, laying in my moms lap while she plays with my hair, watching the breeze sway the palm trees above us. Peaceful, tranquil and content. One of the moments I cherish before she passed away, it made me feel so safe and secure.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I believe I am a pleasant person to be around with a big heart. Mild tempered, but I will defend those I love and care for. I try to find resolutions in conflict, and am a great listener. I love hearing other peoples opinions and perspectives as I find it intriguing. I am deeply curious, always trying to learn more about our world. I can be very social but I also have moments of introspection and reservation, an ambivert if you will. I am intuitive and empathetic towards animals and humans alike.

### WHAT ARE YOUR FAVORITE FOODS?

Seaweed salad with cucumber and ginger sesame oil, Steak and mashed potatoes with fresh dill, Affogato with hazelnut ice cream. Mango and passion fruit juice. Marcona almonds with rosemary. Avocado turkey sandwich! Grilled cheese and tomato soup. A neopolitan milkshake or hot coco :) Im allergic to walnuts and shellfish.

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

I enjoy painting, learning about various subjects, exercising, or socializing with friends. I have quite a lot of people I try to stay in close contact with, but not nearly enough free time to do so! ,)

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

I am a hopeless romantic, I love intensely and boldly. Sometimes I feel like the pain it can bring makes it difficult to navigate my emotions, but as I learn to regulate and accept what I cannot change, it becomes less burdensome. Love is always worth it, even if it doesnt work in the end or is lost. Another strength is my endurance and confidence, I am resilient in any situation, I always keep an optimistic and fair mindset.

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

I would love to visit Aruba to see the pink beaches and flamingos! :) I always thought it was so cute and pretty,

flamingoes are one of my favorite animals. Japan is so cute too, I love their culture and cuisines!

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

A typical day is spent with my family, taking care of my baby sister, making art, cooking for everyone, going for a light hike in the forest, working out, and winding down for bed, usually having a sweet late night snack watching a documentary or doing some reading.

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

I want to share my genetics with a family who wishes to have a child, as I have heard from friends who cant conceive how disheartening it is. My empathy compelled me to make the decision to extend my ability to give life.

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

I enjoyed swim class, art class, marine biology, and english literature.

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

I am so excited for your journey into parenthood! Congratulations on such a wonderful and joyous oppurtunity and thank you for choosing me to be the donor that will be the reason your family can begin. I wish you all nothing but happiness and success in all your endeavors, good health, and beautiful moments made into memories that will last a lifetime. It truly is such an honor and priviledge to know I helped people who wish to bring a baby into the world, it is such an immense blessing.

#### ARE YOU COMMITTED TO BEING A DONOR?

Yes absolutely!

#### DO YOU SMOKE CIGARETTES?

No

#### FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Blue	Brown	Fair	5´9	150	Lean	College	Metal Fabricator
Mother	Brown	Brown	Caramel, Brown	5´10	!60	Lean	College	Model And Secretary
Brother 1	Green	Brown	Olive	6´7	170	Lean	Some University	Tech Specialist
Brother 2	Brown	Brown	Brown	5´10	140	Fit	College	Teacher
Sister 1	Hazel	Brown	Fair	2´1	40	Toddler	Kindergarten	Na
Sister 2	Brown	Light Brown	Caramel	5´6	153	Curvy	College	Receptionist
Sister 3	Brown	Brown	Brown	5´8	160	Curvy	College	Entrepreneur And Mom

## REPRODUCTIVE HISTORY

#### AGE AT FIRST PERIOD

15

#### ARE YOUR CYCLES

Regular

#### INTERVAL BETWEEN PERIODS

23

#### 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?**

No

**ARE YOU CURRENTLY SEXUALLY ACTIVE?**

No

**ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?**

No

**ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?**

Yes

**IF YES, WHAT BRAND**

Progestrin

**WHEN**

16 years old

**DO YOU USE OTHER FORMS OF BIRTH CONTROL**

No

**HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?**

Yes

**HAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?**

Yes

**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, jsut minor stiches on a small laceration on my wrist and left hand from an accident.

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

Cats, pineapple, shrimp and walnuts. I also don't eat pork.

**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:**

Chamomile tea, Green tea.

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

Acetaphiomen, Ibuprofin.

**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?**

Wine or beer

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

0

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

2

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

6

HAVE YOU EVER USED RECREATIONAL DRUGS? (LSD, MARIJUANA, HEROIN OR COCAINE, ETC.)

No

IF YES, PLEASE GIVE DETAILS INCLUDING WHEN LAST USED:

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
Mother		62	Esophageal Cancer
Father	54		None
Brother 1	23		Adhd
Sister 1	3		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, ENZYMES, ETC)

No

DETAILED FAMILY MEDICAL HISTORY

YOU

- Acne

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandma had stage 5 colon cancer from poor diet.

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)?**

No

**IN THE PAST 5 YEARS HAVE YOU HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

Yes

**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?**

Yes

**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)**

Yes

**USED COCAINE IN ANY FORM**

Yes

**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?**

Yes

**IF YES - WHEN:**

6 months ago

**RESULTS:**

Negative

**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**

- Mexico (ANY part of the country)

### **THE CARIBBEAN**

- NONE

### **CENTRAL AMERICA**

- Belize

### **PACIFIC ISLANDS**

- NONE

### **SOUTH AMERICA**

- NONE

### **ASIA**

- NONE

### **AFRICA**

- Kenya

### **UNITED STATES**

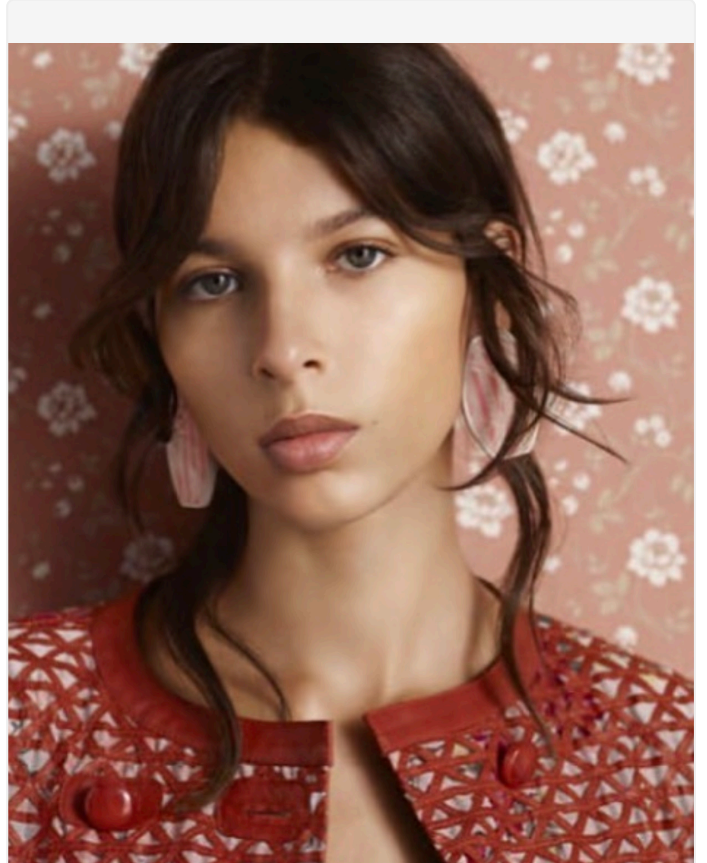
- Miami-Dade County, Florida
- Southern Florida (includes Miami Beach)

## MEDICAL HISTORY

### **PSYCHOLOGICAL (MENTAL)**

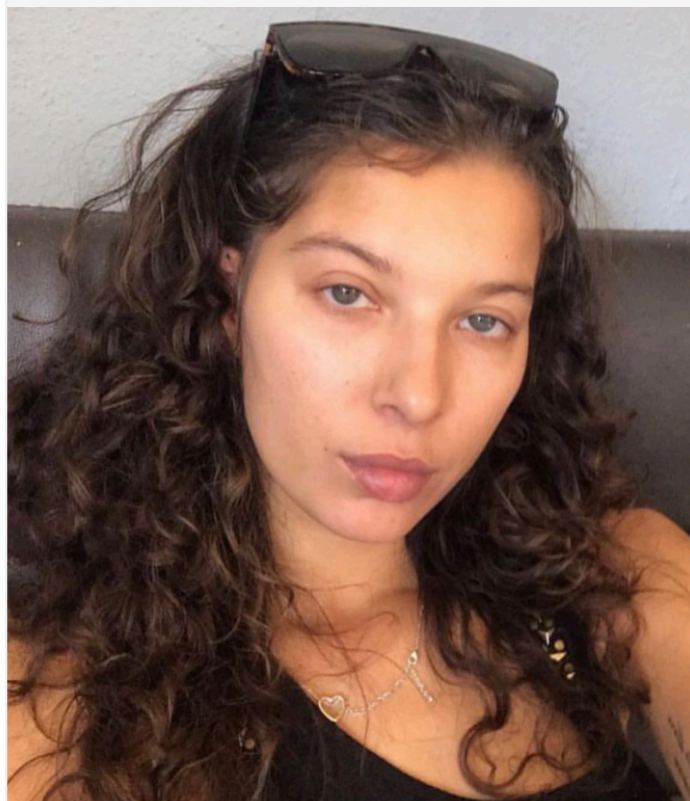
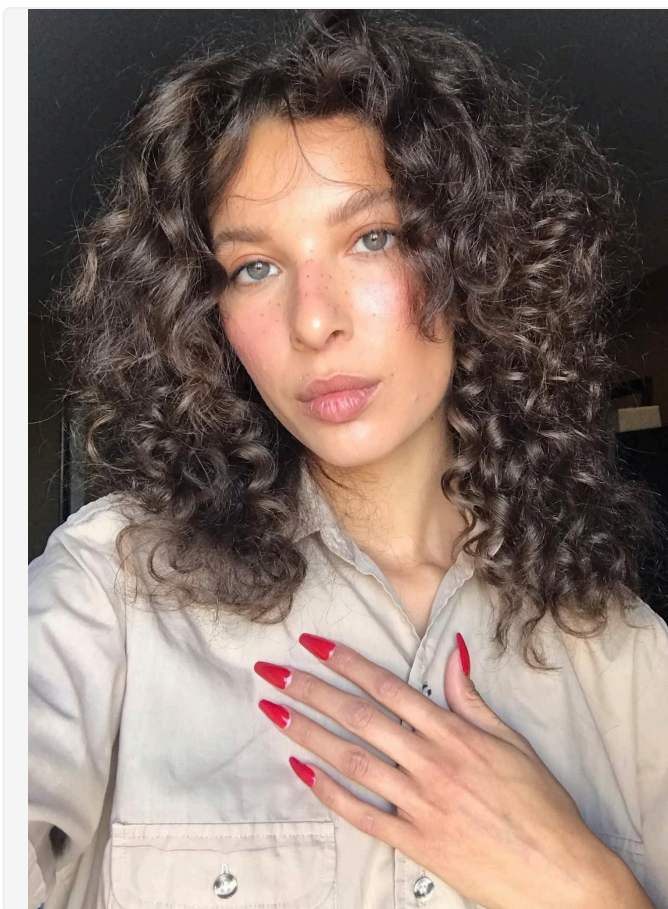
Anxiety

## DONOR ADDITIONAL PHOTOS



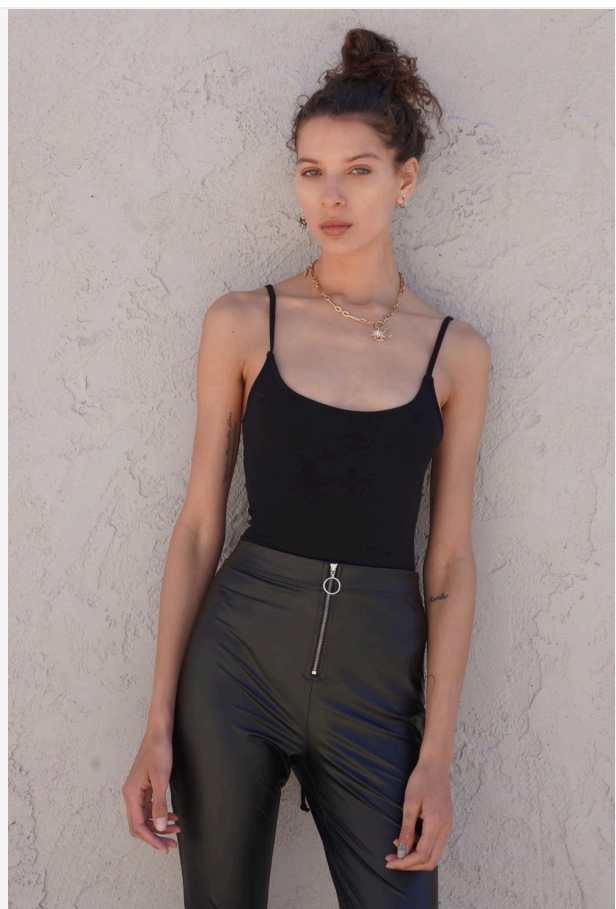


## DONOR ADDITIONAL PHOTOS





## DONOR ADDITIONAL PHOTOS





## CHILDHOOD ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

