



ORIGEN
IVF GLOBAL AGENCY

EGG DONOR INFORMATION



DONOR ID #4447

SHORT BIOGRAPHY:

She is a caring, disciplined, and positive person who values family, health, and a balanced lifestyle. As a Virgo, she enjoys organizing, cooking, creating a clean and peaceful home, and staying active. She is naturally modest, intelligent, reliable, and hardworking, with a strong ability to motivate and support others.

DONOR PERSONAL INFORMATION

Location: Spain

Height: 5' 9"

Year of Birth: 1994

Weight: 136

Ethnicity: Caucasian

Eye Color: Green

Maternal Heritage: Brazilian / Italian

Natural Hair Color: Brown

Parental Heritage: Brazilian / Italian

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 now, I want to get back with the DIU no hormones.

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

Right now, my main focus is my family and creating a happy and stable home for my son and my future husband. Many of my biggest goals have already become reality, including becoming a mother, buying and renovating our apartment in Marbella, and preparing for our wedding in June, something we always dreamed about.

One of our long-time dreams was also to visit Bali, and we finally made it happen this April. We spent three amazing weeks there together as a family, and it became one of the most special experiences of our lives. I feel very grateful for everything we are building together.

In the future, once my son starts preschool, I would love to return to work in something I truly feel passionate about, ideally something more connected to people, creativity, wellness, or lifestyle, rather than spending all day behind a computer. One of my personal goals is also to eventually bring my mother from Brazil to live closer to us in Spain. I am her only daughter, and as she gets older and retires from her work at a school, I would love to take care of her and have her close to our family.

Another dream for us is to continue traveling and creating beautiful memories as a family, and hopefully give my son a little brother or sister one day. My biggest ambition is simply to live a happy, healthy, and fulfilling life surrounded by family, love, and purpose.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I had a really happy childhood. I lived very close to the school, so it made it easy to participate in many activities like theater, reading in the library, gymnastics, and after school physical education. I always maintained good grades at school. For two consecutive years, I won the entire school's writing Olympics. In the first year, I won my first cell phone, and in the second, a trip to a water park where I could take my mother as a companion. My mother was always very proud of me because I am also her only child. I lived very close to my cousins. We were always together having good time, playing with Barbies, biking, playing volleyball, cooking cakes, etc. It was a really good time.

DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory is becoming a mother and everything that came with it. From preparing my son's little clothes and wardrobe before he was born to finally holding him in my arms for the first time, it was the most emotional and beautiful experience of my life. The first months passed so quickly and completely changed me as a person. Even though becoming a mother can feel scary at first because everything is new, it also felt very natural and full of love. He is everything to me, and I feel very grateful to experience this chapter of my life.

DESCRIBE YOUR PERSONALITY AND CHARACTER

My greatest characteristics include modesty, intelligence, and shyness. I'm very meticulous, practical, and hardworking. I have great analytical capacity and I'm reliable. I love living a healthy life, making lists to organize my days, and keeping up with hygiene is fundamental for me. I'm a very positive person and I'm really good when it comes to motivating others. I'm also very disciplined, which is one of the qualities that has helped me achieve my goals. I'm grateful and well educated. Since having my son, I have also become much more patient, and this is something I truly love about myself and motherhood.

WHAT ARE YOUR FAVORITE FOODS?

My favorite type of food is Mediterranean-style food, especially fish, avocado, olives, tomatoes, fresh salads, and

grilled chicken. I do not eat red meat, and for me it is very easy to have vegetarian meals as part of my routine. I also love falafel and really enjoy Thai food.

When it comes to drinks, I love coffee, matcha, and chai lattes. During my modeling years, I also completed online nutrition courses during the COVID period because I enjoyed learning about the benefits of food, vitamins, and minerals for the body. It helped me understand even more how to take care of my health from the inside out. I take supplements such as collagen, spirulina, and omega-3 to help keep me healthy and energized.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I love focusing on health, family, and enjoying simple moments in life. Most mornings, before my son wakes up, I like to do Pilates or strength workouts at home with weights. It helps me feel energized, focused, and connected to myself before starting the day.

I also love cooking and trying new recipes, especially healthy meals. I enjoy staying active, playing padel tennis with my husband and friends, going for walks, and spending quality time with my toddler and our dog, which always brings a lot of joy and fun into my days.

I also enjoy discovering new places around Marbella with my family, traveling, being in nature, and creating beautiful memories together.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

I'm a very positive person and naturally good at motivating and supporting others. I believe positive energy makes a big difference in relationships and daily life. I'm disciplined, organized, responsible, and someone people can trust. I'm also humble, grateful, well educated, and friendly with others.

One of my qualities is that I love cleanliness and organization, sometimes a little too much, which I find funny myself. As for my weaknesses, I can sometimes feel overwhelmed when handling too many things at once, and I can also be very protective of the people I love.

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

I feel very grateful to already live in one of my dream destinations, Spain, where my fiancé and I decided to build our life together. He is from Denmark, and we spend a lot of time with his family, who I love very much.

One of our biggest dream trips was visiting Bali, which we finally experienced recently as a family, and it was even more beautiful than we imagined. We also spent a few days in Singapore and completely fell in love with it as well. The next place we would love to explore more is Sweden, especially to spend time in nature and experience its peaceful lifestyle.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

Since my son was around nine months old, I decided to stop working at the tech company because I wanted to be more present in his daily life. Being a full-time mother brings me a lot of happiness, and I truly enjoy taking care of him and watching him grow.

I like to start my mornings with Pilates or strength workouts at home before he wakes up. During the day, I enjoy spending time with him and our dog, going for walks, visiting playgrounds, and cooking healthy meals for my family.

I play padel with my friends on weekends, I go for runs with my son in the stroller, and sometimes helping my husband with his real estate company. I also speak with my mother in Brazil almost every day, as family is very important to me.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I have friends who unfortunately cannot have children naturally, and seeing how difficult that can be emotionally made me understand how meaningful parenthood truly is, especially now that I am a mother myself. When I learned that I could help another family experience the joy of having a child, I felt very happy and open to the idea, especially because I live a very healthy lifestyle.

My mother and my fiancé fully support my decision because they know I am mature, responsible, and understand

the importance of this process. I see egg donation as a very special and rewarding act that can truly change someone's life in a positive way.

Knowing people who have already gone through this experience also makes me feel even more comfortable and confident about it.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

I always had excellent grades in school, but my favorite subjects were math, physics, and chemistry. My mother, who is a math teacher, always taught me how to understand and solve problems in a logical and simple way. Before starting my modeling career, I planned to study civil engineering and was accepted into university for it. However, I decided to follow the opportunity of an international modeling career, which allowed me to travel and experience many different cultures around the world.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

First of all, I would like to say how much respect and admiration I have for your journey. Now that I am a mother myself, I understand even more deeply how special and life-changing it is to have a child and build a family filled with love.

Knowing that I may be able to help make this dream come true for someone is something very meaningful to me. The arrival of a baby brings so much joy to a family, and I would feel truly honored to be a small part of that happiness. I am sure this little baby will be the sunshine of your home, surrounded by endless love and beautiful memories.

I wish you all the best in this journey and a future full of health, joy, and love with your family.

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	Light Green	Brown	Medium	5'9	182 Lbs	Average	High-School	Civil Engineer Assistant
Mother	Honey	Black	Olive	5'6	152 Lbs	Average	University	Teacher Geo And Math / School Administration
Children 1	Green	Golden	Medium	3'1	33 Lbs	-	-	-

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

14

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

29

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?

No

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

DIU no hormones

WHEN

I stopped when I gave birth

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:

Yes, I broke my right arm in the kids pool when I was a kid.

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

Before I get pregnant I had Gluten Allergy for years, since I got pregnant it stopped and never came back.

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:

Omega-3 and Protein

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

-

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 KAPOSİ 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
Mother	68	Alive	High Cholesterol
Father	-	65	Car Accident
Children 1	Almost 2 Years	Alive	None
Maternal Grandmother	89	Alive	Cholesterol, High Blood Pressure, Arthritis, Tendinitis In The Right Shoulder And Starting To Lose Memory.
Maternal Grandfather	-	74	Heart Attack, High Cholesterol, High Blood Pressure.
Paternal Grandmother	-	86	Diagnosed Alzheimer's At 86 Years Old. Astigmatism At 41. She Died From Pneumonia.
Paternal Grandfather	-	68	Stroke

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

MOTHER

- High blood pressure

FATHER

- High blood pressure

DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

She takes hormones to balance, she uses glasses and has high blood pressure

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

High blood pressure.

GRANDPARENTS

- Heart attack
- High blood pressure
- Pneumonia
- Arthritis

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My Paternal Grandmother she was diagnosed Alzheimer's disease at 86 years old . Astigmatism at 41. She died from Pneumonia. My Paternal Grandfather had Stroke. My Maternal Grandfather had Heart Attack from high Cholesterol and high blood pressure. My Maternal Grandmother she still alive at 89 year old, She has High blood pressure, and Arthritis in the hands, she has tendinitis in the right shoulder, now at this age she starts to lose memory.

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)?

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.

- 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 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

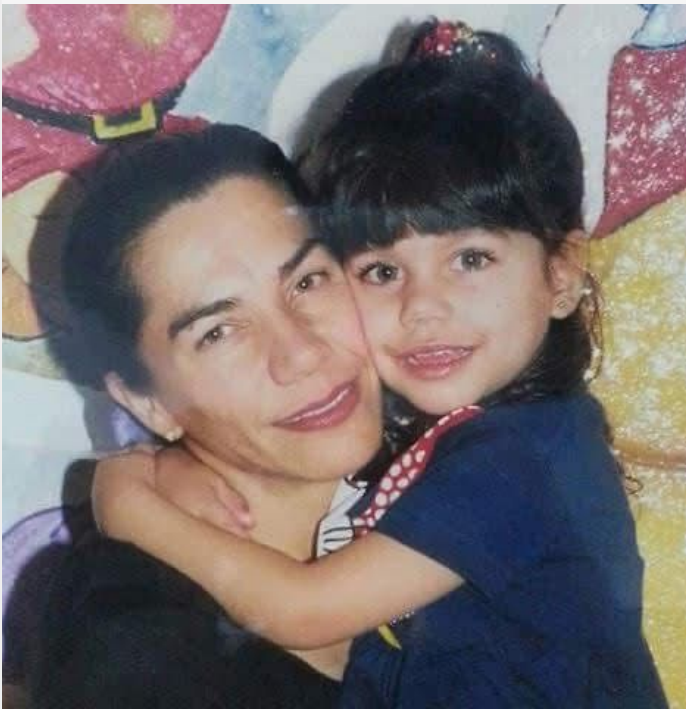
ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

