

### **EGG DONOR INFORMATION**



### **DONOR ID #4248**

#### **SHORT BIOGRAPHY:**

She loves traveling and getting to learn new languages and meeting new cultures. She enjoys reading and exercising, specially jogging outdoors. Her biggest passions are writing, painting and going to concerts to listen to live music. She has two brothers and a niece, she loves her two cats who are now living with her mom.

#### **DONOR PERSONAL INFORMATION**

**Location:** Mexico **Height:** 5'7

Year of Birth: 1993 Weight: 127lbs

**Ethnicity:** Caucasian - Hispanic **Eyes Color:** Gray

Maternal Heritage: Italian Natural Hair Color: Brown

Paternal Heritage: Italian and Spanish

#### PERSONAL INFORMATION

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

Secondary/highschool

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

Yes

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

Condoms

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

My professional goals are to perfect my work as an artist and create my own clothing brand. My life goal is to meet as many parts of the world as possible, to grow in knowledge and as a person, to leave the best impression possible in everyone I love.

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

I was a pretty quiet kid, always drawing or playing with my neighbor or cousin. What my mom says is I was well- behaved and a little goofy, I was and excellent student who was always encouraged by my teachers to participate in the local literature or art competitions, which I would win everytime I applied.

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

I remember my mom waking me up a winter morning shouting to look out the window, what I see in ALL WHITE, in my confusion being I just woke up, I open up the window and feel the freezing air, it was my first time to see snow in person. We spent that whole day driving through the hills, stopping by to make snowmen and play in it. The day finished at our grandparents house having a hot chocolate and warming up before heading back home.

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

I prefer smaller groups of friends, I love chatting one on one and going deep into some topics. I enjoy my alone time by doing things that I love, or cooking something. I like to take classes, every once in a while, I try to perfect myself in the areas that I love. I'm a little stubborn and self demanding when it comes to that, but I've learned to let myself enjoy the process, I love treating myself the nice things, even the small things.

#### WHAT ARE YOYR FAVORITE FOODS?

I love both nourishing food and sweets! Breakfast is my favourite, I like to start my day with some sourdough toast and cheese, eggs, some fruit and a green tea. I love fries, mashed potatoes, anything potatoes is my favorite also pasta! and Chinese/Korean/japanese cusin is my favorite

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

I love going for a walk and listening to some music, stimulating the body and the mind.

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

My greater strength is I always keep going no matter how hard things get, I always give it all of myself and my biggest weakness is I can be too judgemental on myself.

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

East Asia, is in my bucket list, I'd love to hear about the culture first hand from locals and go on a culinary trip.

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

I wake up and do some stretching while I have my green tea, the cook some breakfast and start my work, in the afternoon I exercise and when I'm back I take a shower and have some me-time doing something artistic, after dinner my friend/roommate and I sit-down to chat and have a couple laughs before bed.

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

I have no plan on having children myself and being I would be able to I decided to give it a chance for those who can't.

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

English, Spanish and sociology.

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

Dear future parent, it's an honor to be chosen by you, to know I'll be part of that baby who will be so love and cherished, and if they are like me, full of questions and and intrigue then please nurture that little head with all the stimulus it needs but with love as well.

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

Yes, fully.

#### **DO YOU SMOKE CIGARETTES?**

No

#### **FAMILY CHARACTERISTICS**

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	<b>Body Type</b>	Education Level	Occupation
Father	Hazel	Brown	Fair	6'0	176 Lbs	Slender	Secondary/Highschool	Retired/Topographer
Mother	Brown	Brown	Fair	5'5	130 Lbs	Slender	Secondary/Highschool	Retired/Seller
Brother 1	Brown	Brown	Fair	6'0	170 Lbs	Slender	University	Topographer/ Safety And Hygiene Engineer
Brother 2	Brown	Brown	Fair	6'1	180 Lbs	Slender	Secondary/Highschool	Topography/Construction Manager

# REPRODUCTIVE HISTORY **AGE AT FIRST PERIOD** 12 **ARE YOUR CYCLES** Regular **INTERVAL BETWEEN PERIODS** 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.)? Νo DID YOUR MOTHER TAKE DES WHILE SHE WAS PREGNANT WITH YOU? 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?** No 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? No DO YOU USE OTHER FORMS OF BIRTH CONTROL

Yes

IF YES, WHAT TYPE(S)

Condoms

HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?

No

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

No

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:
None
LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:
None
HAVE YOU EVER HAD A BLOOD TRANSFUSION?
No
HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?
No
HAVE YOU EVER HAD UNEXPLAINED WEIGHT LOSS?
No
HAVE YOU EVER HAD KAPOSI SARCOMA?
No
HAVE YOU EVER HAD A FEVER OF UNKNOWN ORIGIN?
No
HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?
No

TED OD KNOWN TO DE UTV

No	VER HAD SEXUAL RELATION	3 WIIII	ANTONE WITH I	HE ABOVE SYMPTOMS/DISEASES?
DO YOU SMO	OKE CIGARETTES?			
No				
DO YOU DRI	NK ALCOHOL?			
No	MINITED TO LE			
	VED LICED DECDEATIONAL F	ADUCES A	(ICD MADITHIAN	A HEDOIN OD COCAINE ETC.)
No	VER USED RECREATIONAL L	OKUGS?	(LSD, MAKIJUAN	A, HEROIN OR COCAINE, ETC.)
INO				
HAVE YOU E	VER BEEN TREATED FOR DE	PRESSIC	N?	
No				
HAVE YOU E	VER ATTEMPTED SUICIDE?			
No				
	Family Mombor	Ago	Ago At Dooth	Medical Problems Or Cause Of Death
	Family Member  Mother	Age 61	Age At Death	Alive
	Father	68		Alive
	Brother 1	37		Alive
	Brother 2	30		Alive
	Maternal Grandmother		78	Cancer
	Maternal Grandfather		50	Cancer
	Paternal Grandmother		70	Cancer
	Paternal Grandfather		92	Neumonia
3ONES, MUS	SCLES, JOINTS, LIMBS			
No				
GASTROINT	ESTINAL SYSTEM			
No	ESTINAL STOTEM			
	STEM, BRAIN, SPINAL COR	D		
No				
	IRCULATORY SYSTEM			
No				
RESPIRATO	RY SYSTEM			
No				
GENITAL/UF	RINARY TRACT			
No				
	(HORMONES, ENZYMES, ETC	<b>E)</b>		
No				

### **DETAILED FAMILY MEDICAL HISTORY**

#### **FATHER**

High blood pressure

#### **DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM**

He has had high blood pressure a couple of times

#### **GRANDPARENTS**

Intestinal cancer

#### **DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM**

One of my grandparents had some type of intestinal cancer

#### **SIBLINGS**

Acne

#### **DESCRIBE YOUR SIBLING'S' SELECTED MEDICAL PROBLEM**

My younger brother had acne as a teen

## **DONOR RISK ASSESSMENT QUESTIONNAIRE**

**IN THE PAST 120 DAYS?** 

No

1. HAVE YOU INJECTED DRUGS FOR NON-MEDICAL REASONS IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS, INTRAMUSCULAR, AND SUBCUTANEOUS INJECTIONS?
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)

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 UN BANDAGED 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 OF 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**

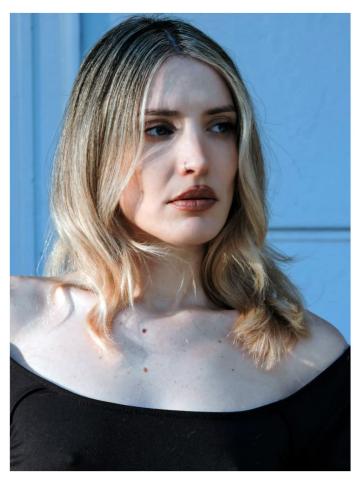
<b>HAVE YOU EVER HAD A SEXUALLY TRANSMITTED I</b> No	
NO	
IN THE PAST 5 YEARS, HAVE YOU HAD SEXUAL RE OR IV DRUG USER?	LATIONS WITH A MALE HOMOSEXUAL, BISEXUAL,
No	
HAVE YOU HAD A PARTNER WHO HAD SEXUAL REL OR IV DRUG USER?	ATIONS WITH A MALE HOMOSEXUAL, BISEXUAL,
No	
HAS YOUR CURRENT PARTNER EVER BEEN IN PRIS	SON?
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 JAIL FOR MORE THAN 3 DAYS IN A ROW?	RELATIONS WITH ANYONE WHO HAS BEEN IN
No	
IN THE PAST 12 MONTHS HAVE YOU HAD SEX WIT HIV, HEPATITIS B OR HEPATITIS C?	'H A PERSON KNOWN OR SUSPECTED TO HAVE
No	
IN THE PAST 12 MONTHS HAVE YOU BEEN IN CONSUSPECTED TO HAVE ACTIVE VIRAL HEPATITIS?	TACT WITH A PERSON KNOWN OR
No	
IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL ANSWER YES TO ANY OF THE ABOVE QUESTIONS?	
No	
HAVE YOU EVER GIVEN OR RECEIVED MONEY OR I	DRUGS IN EXCHANGE FOR ANY SEXUAL ACT?
No	
WERE YOU BORN IN OR DID YOU LIVE IN OR TRA	VEL TO AFRICA BETWEEN 1977 AND TODAY?
No	
HAVE YOU HAD SEXUAL CONTACT WITH ANYONE I	BORN IN OR LIVED IN AFRICA BETWEEN 1977 AND
No	
AFTER AGE 11, HAVE YOU HAD VIRAL HEPATITIS,	HEPATITIS B, OR HEPATITIS C?
No	
HAVE YOU EVER BEEN TOLD THAT YOU COULD NO	T 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
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

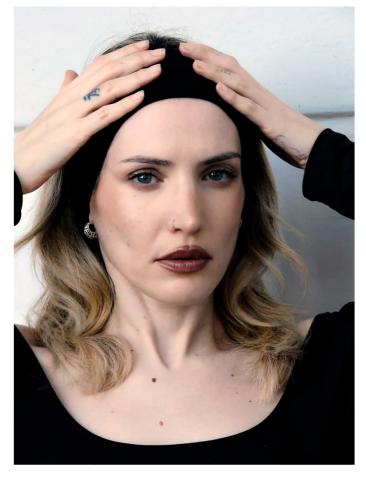
IN THE PAST 7 DAYS HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?
No
HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH WEST NILE VIRUS (WNV)?
No
HAVE YOU EVER RECEIVED A DURA-MATER (BRAIN COVERING TISSUE) GRAFT?
No
HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH CJD?
No
BETWEEN 1980 AND 1996 WERE YOU A MEMBER OF THE US MILITARY OR A 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
The lie of
TRAVEL
INAVEL
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)
wexico (Aivi part of the country)
THE CARIBBEAN
NONE
CENTRAL AMERICA
NONE
PACIFIC ISLANDS
NONE

SOUTH AMERICA	
Argentina	
ASIA	
NONE	
AFRICA	
NONE	
OTHER MEDICAL HISTO	RY
OTHER HEART DISEASE	
None	
OTHER BREATHING PROBLEM	
None	
None OTHER KINDNEY PROBLEM	
None	
OTHER GI DISEASE None	
None	
OTHER MUSCULOSKELETAL DISE	ASE
None	
OTHER HORMONAL DISEASE	
None	
OTHER REPRODUCTIVE DISEASE	
None	
OTHER BLOOD DISEASE	
None	
OTHER EYES, EARS, AND SKIN DI	SEASE
None	
OTHER NEUROLOGICAL DISEASE	
None	
OTHER PSYCHOLOGICAL DISORE	NED
None None	'LIN
	NED.
None	'EK
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## **DONOR ADDITIONAL PHOTOS**

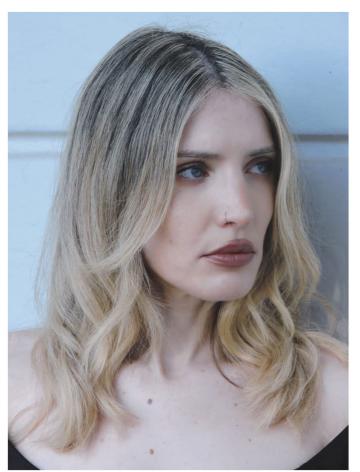








## **DONOR ADDITIONAL PHOTOS**





### **CHILDHOOD ADDITIONAL PHOTOS**









## **FAMILY ADDITIONAL PHOTOS**







