

## SPERM DONOR INFORMATION

DONOR ID #1030



## DONOR PERSONAL INFORMATION

**Date of Birth:** 1995-09-21

**Height:** 5' 8"

**Ethnicity:** Latina or Hispanic

**Eye Color:** Green

**Nationality:** Argentina

**Natural Hair Color:** Brown

**IN A COUPLE OF SENTENCES, PLEASE TELL US YOUR REASONS FOR WISHING TO BECOME A SPERM DONOR:**

The idea of helping others build a family is deeply meaningful to me. I feel that being able to contribute in such a significant way is a beautiful way to make a difference in someone's life.

**WHAT'S YOUR HOBBY?**

I'm passionate about sports and maintaining both physical and mental wellness. I value spending time with my family, and I'm also very interested in gastronomy, discovering new flavors and learning to cook different cuisines brings me joy.

**WHAT'S YOUR LIFE GOAL?**

My life goal is to achieve personal and shared dreams alongside my partner, while building a life centered on health, harmony, and meaningful connections.

**HOW WAS YOUR CHILDHOOD AND WHAT IS YOUR FAVORITE MEMORY?**

I had a happy, love-filled childhood, surrounded by the warmth and support of my parents and extended family. Some of my favorite memories are our summer vacations, carefree days spent together, full of laughter, bonding, and simple pleasures.

**ARE YOU ADOPTED?**

No

**DO YOU KNOW THE MEDICAL HISTORY OF YOUR BIOLOGICAL MOTHER AND FATHER?**

Yes

**DO YOU CONSIDER YOURSELF TO BE GENERALLY FIT AND HEALTHY?**

Yes

**DO YOU, OR DOES ANYONE IN YOUR IMMEDIATE FAMILY (PARENTS, SIBLINGS, OFFSPRING), SUFFER FROM A SERIOUS MENTAL OR PHYSICAL ILLNESS OR MEDICAL CONDITION?**

No

**HAVE YOU VISITED ANY FOREIGN COUNTRIES IN THE LAST 24 MONTHS?**

Yes

**IF YES, WHICH ONES?**

Mexico and Italy

**ARE YOU ON ANY MEDICATION?**

No

**DO YOU HAVE, OR HAVE YOU EVER HAD, A SEXUALLY TRANSMITTED DISEASE?**

No

**HAVE YOU EVER TAKEN RECREATIONAL DRUGS INTRAVENOUSLY?**

No

**DO YOU SMOKE?**

No

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?**

No

**HAVE YOU EVER DONATED OR APPLIED TO DONATE YOUR SPERM?**

No

ARE YOU ABLE TO PROVIDE PHOTO ID (DRIVING LICENCE OR PASSPORT)?

Yes

DATE QUESTIONNAIRE COMPLETE

04/26/2025

HOW MANY SEXUAL PARTNERS DO YOU CURRENTLY HAVE?

1

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST 6 MONTHS?

1

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN TOTAL?

10

HAVE YOU HAD A MALE SEXUAL PARTNER IN PAST 5 YEARS?

No

HAVE YOU EVER HAD SEX WITH ANYONE IN EXCHANGE FOR DRUGS OR MONEY, OR HAS ANYONE YOU HAVE HAD SEX WITH DONE THE SAME?

No

HAVE YOU EVER HAD SEX WITH SOMEONE SUSPECTED OF HIV OR VIRAL HEPATITIS?

No

FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Brown	Marrón Claro	Light Brown	5'11"	187 Lbs	Fit	-	-
Mother	Light Blue	Blonde	Light Brown	5'5"	143 Lbs	Slim	-	-
Brother 1	Brown	Light Brown	Light Brown	5'11"	198 Lbs	Athletic	-	-

HAVE YOU BEEN EXPOSED TO ZIKA VIRUS IN THE PAST 4 WEEKS?

No

HAVE YOU TRAVELLED TO AN AREA WHERE ZIKA VIRUS HAS BEEN REPORTED IN THE PAST 4 WEEKS?

No

HAVE YOU HAD FEVER, RASH, JOINT PAIN, AND CONJUNCTIVITIS (RED EYES) IN THE PAST 4 WEEKS?

No

HAVE YOU HAD SEXUAL CONTACT WITH A MAN/WOMAN DIAGNOSED WITH OR HAD SYMPTOMS SUGGESTIVE OF ZIKA INFECTION IN THE 3 MONTHS?

No

HAVE YOU EVER BEEN SEXUALLY ACTIVE WITH A MALE WHO WAS GAY OR BISEXUAL?

No

HAVE YOU EVER INJECTED DRUGS OR HAD A SEXUAL PARTNER WHO DID SO?

No

HAVE YOU EVER HAD HEMOPHILIA OR RECEIVED ANY HUMAN DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII OR FACTOR IX CONCENTRATE?

No

**HAVE YOU EVER HAD A SEXUAL PARTNER WITH HEMOPHILIA OR WHO RECEIVED ANY HUMAN DERIVED CLOTTING FACTOR CONCENTRATES?**

No

**HAVE YOU EVER HAD SEX IN EXCHANGE FOR MONEY OR DRUGS?**

No

**HAVE YOU EVER BEEN SEXUALLY ACTIVE WITH A PERSON WHO HAS HAD SEX IN EXCHANGE FOR MONEY OR DRUGS?**

No

**HAVE YOU EVER BEEN SEXUALLY ACTIVE WITH A PERSON WHO WAS KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B OR HEPATITIS C?**

No

**HAVE YOU BEEN EXPOSED TO BODY FLUIDS, OPEN WOUNDS, NON-INTACT SKIN OR MUCUS MEMBRANES OF ANY PERSON KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B AND/OR C?**

No

**HAVE YOU HAD AN ACCIDENTAL NEEDLE STICK WITHIN THE PAST 12 MONTHS?**

No

**HAVE YOU EVER BEEN OR HAVE YOU HAD A SEXUAL PARTNER WHO WAS INCARCERATED FOR 72 CONSECUTIVE HOURS OR LONGER?**

No

**IN THE PAST 12 MONTHS, HAVE YOU LIVED WITH OR HAD CONTACT WITH ANYONE KNOWN OR SUSPECTED TO HAVE HEPATITIS?**

No

**HAVE YOU ACQUIRED A TATTOO OR OTHER SKIN PIERCING PROCEDURE WITHIN THE PRECEDING 12 MONTHS?**

No

**HAVE YOU EVER BEEN DIAGNOSED WITH HEPATITIS?**

No

**HAVE YOU BEEN VACCINATED OR HAD CONTACT WITH ANYONE VACCINATED FOR SMALLPOX WITHIN THE PAST 2 MONTHS?**

No

**HAVE YOU EVER BEEN DIAGNOSED WITH OR SUSPECTED TO HAVE WEST NILE VIRUS?**

No

**HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES OR SYPHILIS?**

No

**HAVE YOU OR ANY OF YOUR BLOOD RELATIVES BEEN DIAGNOSED AND/OR HAVE A HISTORY OF TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY SUCH AS CREUTZFELDT-JAKOB DISEASE OR VARIANT DISEASE? (MAD COW DISEASE)**

No

**HAVE YOU EVER RECEIVED A NONSYNTHETIC DURA MATER TRANSPLANT OR A PITUITARY-DERIVED GROWTH HORMONE?**

No

**DO YOU HAVE A HISTORY OF CHANGES IN COGNITION, SPEECH OR GAIT?**

No

**HAVE YOU EVER RECEIVED A BLOOD TRANSFUSION?**

No

**HAVE YOU VISITED OR LIVED IN THE UNITED KINGDOM FOR THREE MONTHS OR MORE BETWEEN 1980-1996 INCLUDING ENGLAND, SCOTLAND, WALES, IRELAND, ISLE OF MAN, CHANNEL ISLANDS, GIBRALTER OR FALKLAND ISLANDS?**

No

**WERE YOU A MEMBER OF THE US MILITARY, CIVILIAN MILITARY, EMPLOYEE OR A DEPENDENT OF A MEMBER OF THE MILITARY STATIONED IN BELGIUM, THE NETHERLANDS, GERMANY, SPAIN, PORTUGAL, TURKEY, ITALY OR GREECE BETWEEN 1980-1996?**

No

**FROM 1980 TO PRESENT, HAVE YOU SPENT TIME THAT ADDS UP TO 5 YEARS OR MORE IN EUROPE?**

No

**WERE YOU BORN IN OR HAVE YOU LIVED IN ANY OF THE FOLLOWING COUNTRIES SINCE 1977; CAMEROON, CENTRAL AFRICA REPUBLIC, CHAD, CONGO, EQUATORIAL, GUINEA, GABON, NIGER OR NIGERIA?**

No

**HAVE YOU EVER HAD SEXUAL CONTACT WITH ANYONE WHO WAS BORN OR LIVED IN CAMEROON, CENTRAL AFRICA REPUBLIC, CHAD, CONGO, EQUATORIAL, GUINEA, GABON, NIGER OR NIGERIA SINCE 1977?**

No

**HAVE YOU OR SOMEONE YOU KNOW BEEN DIAGNOSED, TREATED OR SUSPECTED OF HAVING SUDDEN ACUTE RESPIRATORY SYNDROME? (SARS)**

No

**HAVE YOU, YOUR SEXUAL PARTNER, AND/OR ANYONE YOU LIVE WITH EVER HAD A TRANSPLANT OR OTHER MEDICAL PROCEDURE THAT INVOLVES BEING EXPOSED TO LIVE CELLS, TISSUES OR ORGANS FROM AN ANIMAL?**

No

**HAVE YOU BEEN EXPOSED TO BLOOD, SALIVA OR FLUIDS FROM THE PERSON DESCRIBED IN THE PROCEEDING QUESTION?**

No

**HAVE YOU EVER RECEIVED A HUMAN ORGAN, TISSUE TRANSPLANT OR HUMAN EXTRACT?**

No

**HAVE YOU EVER BEEN EXCLUDED AS A BLOOD DONOR?**

No

**HAVE YOU BEEN DIAGNOSED OR SUSPECTED TO HAVE CHAGAS' DISEASE?**

No

**HAVE YOU BEEN EXPOSED TO SIGNIFICANT LEVELS OF RADIATION, TOXIC CHEMICALS, OR HEAVY METALS (SUCH AS LEAD, MERCURY OR GOLD) IN YOUR HOME OR WORK ENVIRONMENT?**

No

**HAVE YOU RECEIVED A BITE FROM AN ANIMAL SUSPECTED FOR RABIES WITHIN THE LAST SIX MONTHS?**

No