

## EGG DONOR INFORMATION



**DONOR ID #4193**

### SHORT BIOGRAPHY:

She likes to study, she loves everything to do with the arts such as drawing, painting and movies about real stories. She loves animals, specially cats and dogs. She went to school for Marketing and excelled at it. She writes really well, she is very affectionate and caring. She likes to practice sports such as running and swimming and to workout at the gym as well. She listens to a little bit of everything, but specially reggae and soft rock (U2 is a favorite). She hates waking up early, but she loves working as a commercial model, she has been modeling for many years and has worked with global brands such as Boticario and Motorola. She cares about her appearance, she goes to the salon every week and makes sure to always look pristine. Beauty is part of her daily routine and work and she loves this world.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Height:** 5'8

**Year of Birth:** 1994

**Weight:** 138lbs

**Ethnicity:** Caucasian

**Eyes Color:** Gray

**Maternal Heritage:** Italian

**Natural Hair Color:** Blonde

**Paternal Heritage:** German

## PERSONAL INFORMATION

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

Bachelor Degree

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

No

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

IUD

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

I want to buy a nice apartment by the end of the year, go back to school and take English classes, and maybe become a mother in 4 years.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD

I was a sweet child, obedient and joyful, who loved to play with my sisters and friends. Specially with dolls and toy dinosaurs.

### DESCRIBE YOUR FAVORITE MEMORY

When we used to go to the beach every year during Christmas and the whole family would get together. I played a lot with my cousins at the beach and at home. I loved to see the whole family together, cooking and having a good time, and being able to play with not only my sisters but also my cousins.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

Strong personality, ambitious, loyal. Family oriented and very protective, extroverted, makes friends easily, but very demanding. Well-defined values. Dreams of one day having a family of her own. Loves being a dog mom for now. Likes to donate belongings, time, help.

### WHAT ARE YOYR FAVORITE FOODS?

Japanese cuisine, burgers and arabian food are some favorites.

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

Photography, makeup, self-care, going out for a run, walking the dogs, going to the movies, trying out new restaurants, having coffee with friends and watching movies.

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

Greatest: Brave, Driven, Loyal, Firm, Charismatic, Fun

Weaknesses: Headstrong, Talks a lot, Can't cook, Slow to trust, Always in a hurry

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

Santorini is gorgeous! It would be great to go sightseeing and photograph every corner. Berlin to see historical sites, get to know the culture and try some delicious food.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

Wake up at 9 am, have breakfast with my boyfriend. Usually banana pancakes with honey syrup and coconut coffee. Then shower, get dressed and leave to work in a photoshoot.

At the end of the day I come back home to shower and do something with my boyfriend (who lives with me) or a friend, such as watching tv shows, go running at the park, or going out for dinner somewhere new.

Once I get back home, I organize my agenda for the next day and watch movies until I fall asleep.

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

A friend approached me explaining how it works and I found it interesting. I've been approached about this kind of service before and had already thought about it, but due to my friend's recommendation I felt more confident to go through with it with the agency.

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

History, biology and portuguese(literature). I liked to learn about world history in general, as well as biology, SPECIALLY genetics! How traits are carried through generations, super interesting.  
Portuguese because I loved writing and using my creativity to write new stories.

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

Hi! I decided to donate with much much love so that you can be happy and have many incredible stories to tell together from the moment you decide to choose this. May the loving energy I am donating with to turn into peace and health for your home!

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

I am completely committed.

**DO YOU SMOKE CIGARETTES?**

No

**FAMILY CHARACTERISTICS**

| Family Member | Eye Color | Hair Color | Skin Complexion | Height | Weight  | Body Type | Education Level              | Occupation                   |
|---------------|-----------|------------|-----------------|--------|---------|-----------|------------------------------|------------------------------|
| Father        | Brown     | Brown      | Fair            | 6'4    | 216 Lbs | Ectomorph | Higher Education/ University | Chief Financial Officer      |
| Mother        | Brown     | Brown      | Fair            | 5'5    | 174 Lbs | Ectomorph | Higher Education/ University | Executive Secretary/ Retired |
| Sister 1      | Brown     | Brown      | Fair            | 5'4    | 143 Lbs | Ectomorph | Higher Education/ University | English Teacher              |
| Sister 2      | Brown     | Blonde     | Fair            | 5'9    | 144 Lbs | Mesomorph | Higher Education/ University | Creative Researcher          |

## REPRODUCTIVE HISTORY

### AGE AT FIRST PERIOD

16

### 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 CONTROL?

No

### 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, Three breast implant surgery and one liposuction surgery.

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

No allergies.

**DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:**

No allergies

**LIST ALL DRUGS, INCLUDING PHYSICIAN-PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:**

Dexilant

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

Paracetamol, dexilant, sucralfilm, dulcolax.

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

Yes

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

No

**HAVE YOU EVER HAD UNEXPLAINED WEIGHT LOSS?**

No

**HAVE YOU EVER HAD KAPOSÍ SARCOMA?**

No

**HAVE YOU EVER HAD A 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

DETAILED FAMILY MEDICAL HISTORY

| Family Member        | Age | Age At Death | Medical Problems Or Cause Of Death |
|----------------------|-----|--------------|------------------------------------|
| Mother               | 64  | Alive        | None                               |
| Father               | 63  | Alive        | None                               |
| Sister 1             | 34  | Alive        | None                               |
| Sister 2             | 29  | Alive        | None                               |
| Maternal Grandmother |     | Unknown      | Breast Cancer                      |
| Maternal Grandfather |     | 77           | Cirrhosis                          |
| Paternal Grandmother |     | 68           | Pneumonia                          |
| Paternal Grandfather |     | Unknown      | Cirrhosis                          |

GRANDPARENTS

Pneumonia - Diabetes Mellitus - Alcoholism

BONES, MUSCLES, JOINTS, LIMBS

No

GASTROINTESTINAL SYSTEM

Yes

NERVOUS SYSTEM, BRAIN, SPINAL CORD

No

BLOOD OR CIRCULATORY SYSTEM

No

RESPIRATORY SYSTEM

No

GENITAL/URINARY TRACT

No

METABOLIC (HORMONES, ENZYMES, ETC)

No

## DONOR RISK ASSESSMENT QUESTIONNAIRE

**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) 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 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

**HAVE YOU EVER HAD A SEXUALLY TRANSMITTED DISEASE OR INFECTION (STD/STI)?**

Yes

**WHAT INFECTION DID YOU HAVE? CHECK ALL THAT APPLY.**

HPV

**WHEN DID YOU HAVE THE INFECTION?**

2013

**WERE YOU TREATED?**

Yes

**WHAT TREATMENT DID YOU RECEIVE?**

Acid/laser

**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?**

Yes

**IF YES, WHY?**

Surgery

**IF YES, WHAT DATE(S) AND WHERE WAS THE TRANSFUSION PERFORMED?**

March 2019 - Hospital Sao Luiz

**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 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

## 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

OTHER MEDICAL HISTORY

OTHER HEART DISEASE

None

OTHER BREATHING PROBLEM

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



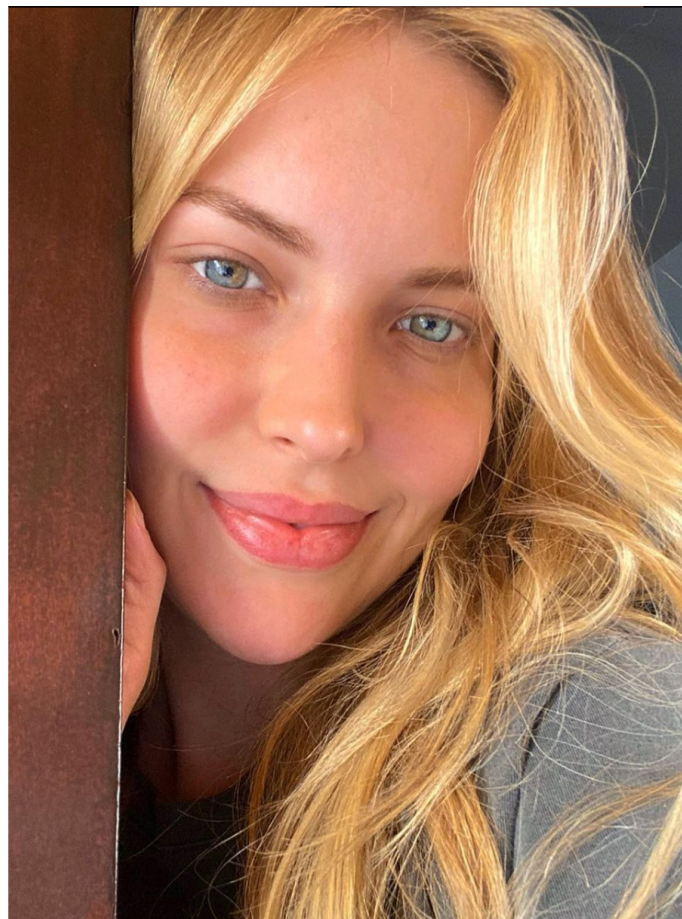


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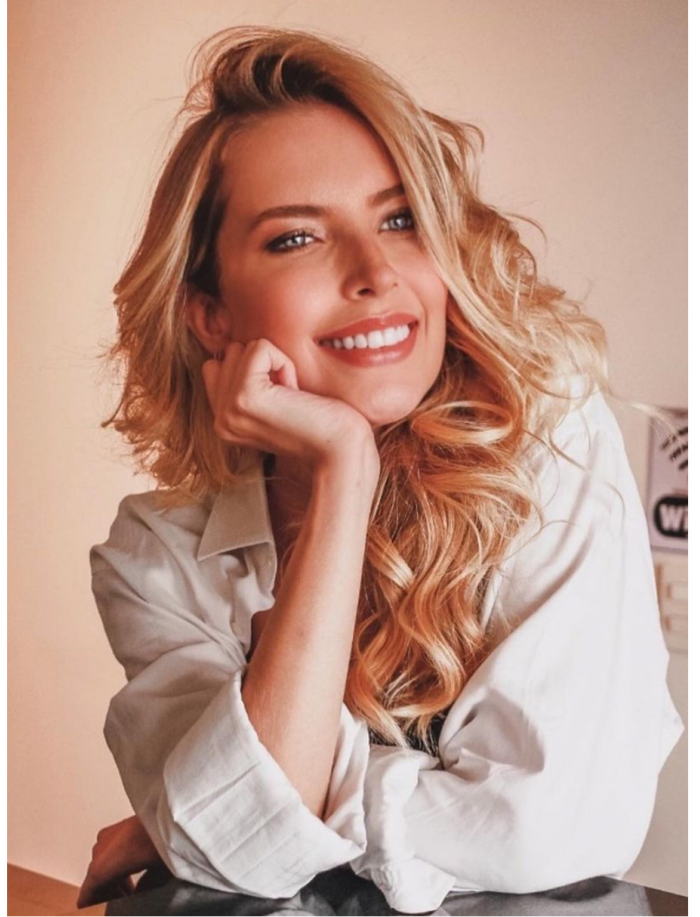


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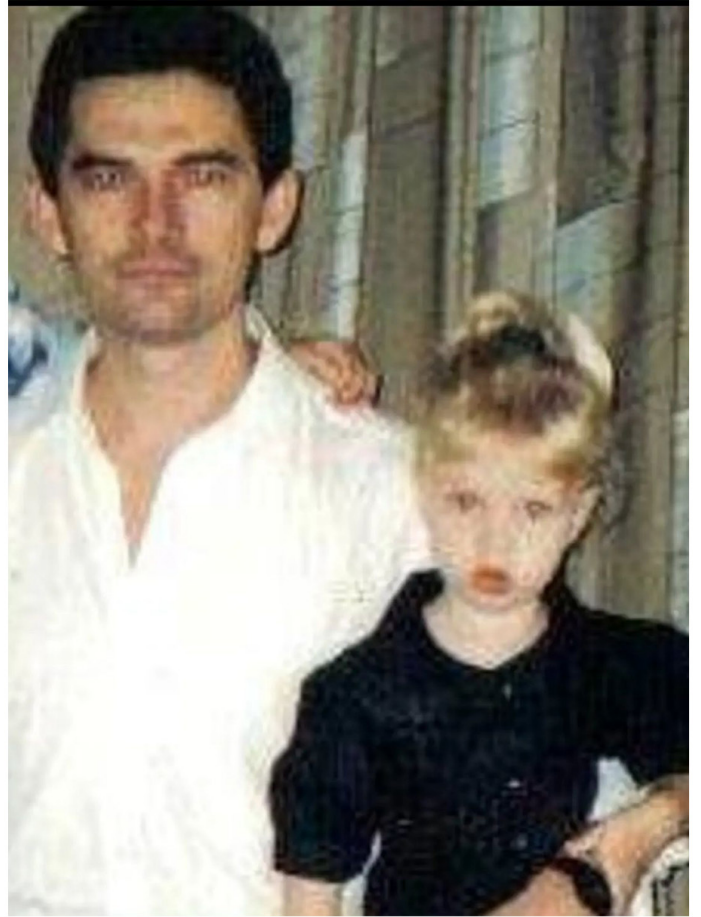
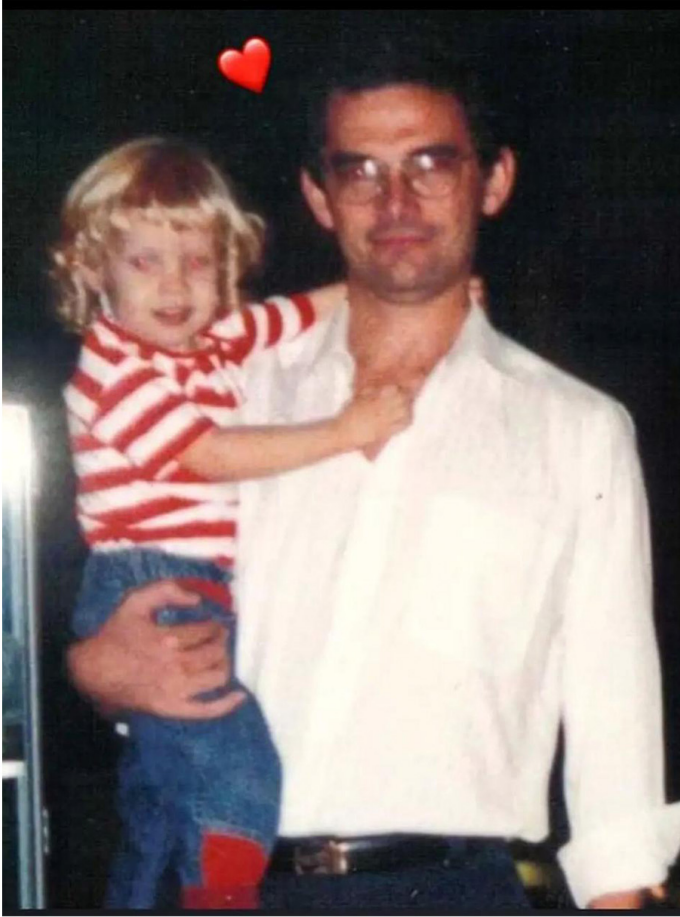




## CHILDHOOD ADDITIONAL PHOTOS

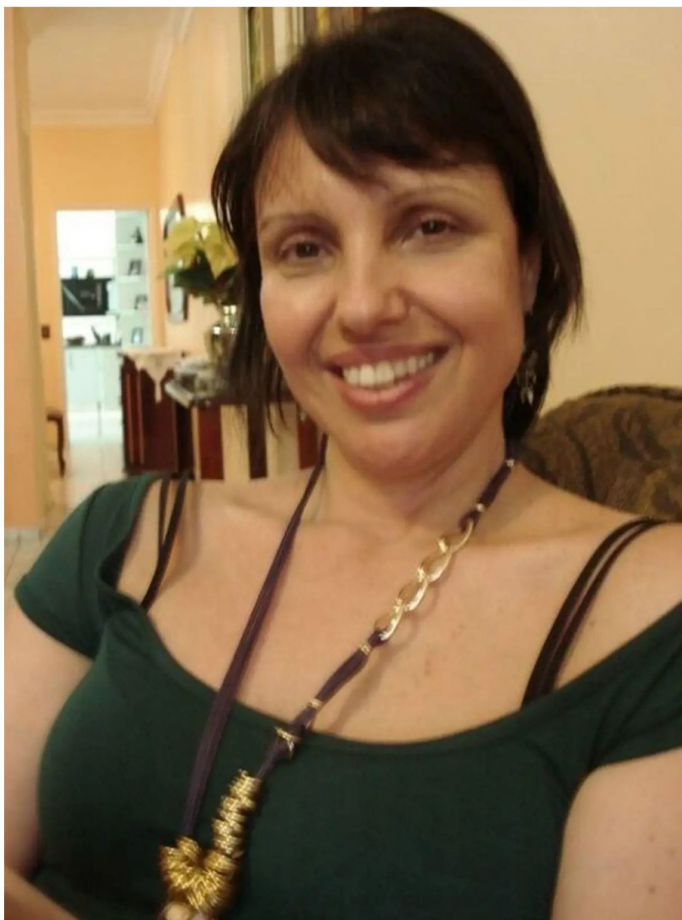


## FAMILY ADDITIONAL PHOTOS





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