

EGG DONOR INFORMATION



DONOR ID #4282

SHORT BIOGRAPHY:

She is a sweet and positive girl, always smiling and trying to see things from a good perspective. She likes reading and exercising, specially pilates. She is the middle child of an older brother and a younger sister. She loves travelling and working as a model, she is able to do it a lot.

DONOR PERSONAL INFORMATION

Location: Brazil Height: 5'7

Year of Birth: 1994 **Weight:** 117lbs

Ethnicity: Caucasian Eyes Color: Brown

Maternal Heritage: Italian Natural Hair Color: Brown

Paternal Heritage: Italian

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED

Bachelor's degree

DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

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

Condom

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

Being able to provide my parents everything they need.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD

As a child I was very curious and quite an active girl. I used to like playing games, dolls and riding bicycles. I was blond and when I grow up my hair turned brown.

DESCRIBE YOUR FAVORITE MEMORY

When my father told me he was proud of the person I had become.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a positive person. I try to see everything that happens in our life as an opportunity to grow. I am a kind person and I also like to see the good in everybody. I am calm and smile a lot. I am perfectionist and I always want to give my best whatever I am doing.

WHAT ARE YOYR FAVORITE FOODS?

Italian food, Brazilian food and sushi.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I like going to explore new coffee shops and go to the movies.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

I would say my greatest strength is loyalty. My greatest weakness is communication.

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

I can't mention one place only. I've been to a few countries already and I dream of going to so many others. But I would love to go to Italy on summer and travel around the coast side.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

On a typical day when I don't have a modeling job, I usually wake up around 9 AM. I start my day with a shower and breakfast. After that, I get ready to head to the gym. Once I'm back home, I cook lunch, as I really enjoy preparing meals. In the afternoon, I dedicate some time to my work as a content creator. This includes video editing and planning future content. As evening approaches, I focus on my Mandarin studies, as I'm currently learning the language. After class, I either cook dinner or order something to eat. Then, I take another shower to wind down. I like to spend a little time on my phone, checking social media, before getting ready for bed around 10 PM.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

To help people who have this beautiful dream, and make it come true.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

English and Geography

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I hope I am able to help you to achieve your dream of becoming parents.

ARE YOU COMMITTED TO BEING A DONOR?

Yes, I am.

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	5'8 Ft	154 Lbs	Average	High School	Retired
Mother	Brown	Dark Brown	Fair	5'4 Ft	187 Lbs	Plus-Size	High School	Retired
Brother 1	Hazel	Black	Fair	5'9 Ft	157 Lbs	Athletic/Lean	Bachelor	Phycal Education Teacher
Sister 1	Hazel	Dark Brown	Fair	5'6 Ft	125 Lbs	Slim	Bachelor	Biologist

REPRODUCTIVE HISTORY **AGE AT FIRST PERIOD** 12 **ARE YOUR CYCLES** Irregular **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?** 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 Yes

IF YES, WHAT TYPE(S)

HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?

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

Condoms

No

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, plastic surgery only, breast augmentation
LIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.)
None
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:
None
LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:
Antibiotics, vitamins
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 A FEVER OF UNKNOWN ORIGIN?
No

DO YOU S	MOKE CIGARETTES?			
No				
DO YOU I	PRINK ALCOHOL?			
No				
HAVE YO	U EVER USED RECREATIONA	L DRUGS	S? (LSD, MARIJUAN	A, HEROIN OR COCAINE, ETC.)
No				
HAVE YO	J EVER BEEN TREATED FOR I	DEPRESS	SION?	
No				
HAVE YO	J EVER ATTEMPTED SUICIDE	?		
No				
DETA	LED FAMILY MEDICA			
DETA	Family Member	Age	Age At Death	
DETA	Family Member Brother 1		Age At Death	Medical Problems Or Cause Of Death Car Accident
DETA	Family Member Brother 1 Maternal Grandfather		Age At Death 33 83	Car Accident Covid
DETA	Family Member Brother 1 Maternal Grandfather Paternal Grandmother		Age At Death 33 83 63	Car Accident Covid Car Accident
DETA	Family Member Brother 1 Maternal Grandfather		Age At Death 33 83	Car Accident Covid
BONES, M	Family Member Brother 1 Maternal Grandfather Paternal Grandmother		Age At Death 33 83 63	Car Accident Covid Car Accident
	Family Member Brother 1 Maternal Grandfather Paternal Grandmother Paternal Grandfather		Age At Death 33 83 63	Car Accident Covid Car Accident
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BONES, M No GASTROI No	Family Member Brother 1 Maternal Grandfather Paternal Grandmother Paternal Grandfather	Age	Age At Death 33 83 63	Car Accident Covid Car Accident
BONES, M No GASTROI No	Family Member Brother 1 Maternal Grandfather Paternal Grandmother Paternal Grandfather IUSCLES, JOINTS, LIMBS	Age	Age At Death 33 83 63	Car Accident Covid Car Accident
BONES, NO GASTROI NO NERVOUS	Family Member Brother 1 Maternal Grandfather Paternal Grandmother Paternal Grandfather IUSCLES, JOINTS, LIMBS	Age	Age At Death 33 83 63	Car Accident Covid Car Accident

HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE WITH THE ABOVE SYMPTOMS/DISEASES?

HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?

No

No

No

No

SIBLINGS

Anxiety disorder

GENITAL/URINARY TRACT

METABOLIC (HORMONES, ENZYMES, ETC)

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

HAVE YOU EVER HAD A SEXUALLY TRANSMITTED I 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)
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	
Brazil	
ASIA	
Malaysia - Thailand	
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	

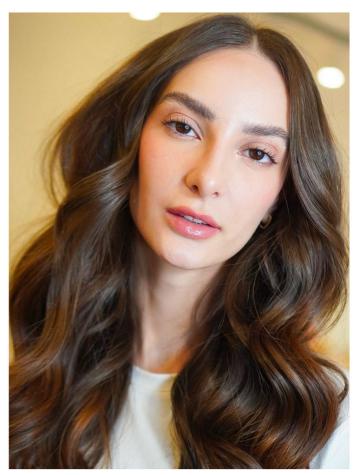


















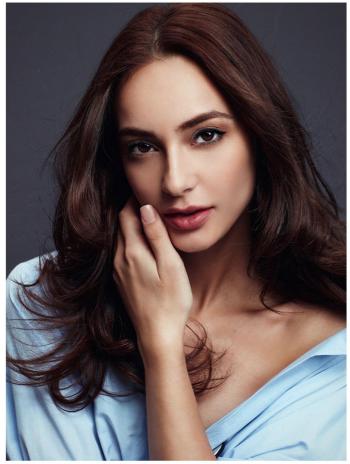












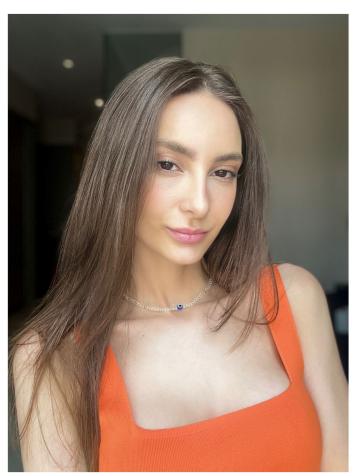














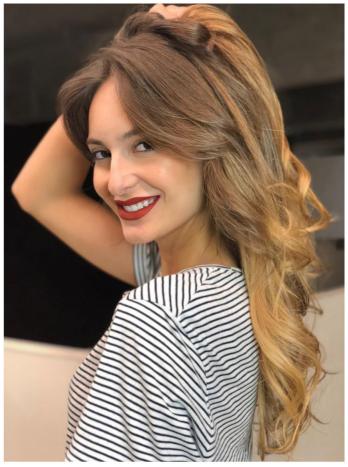






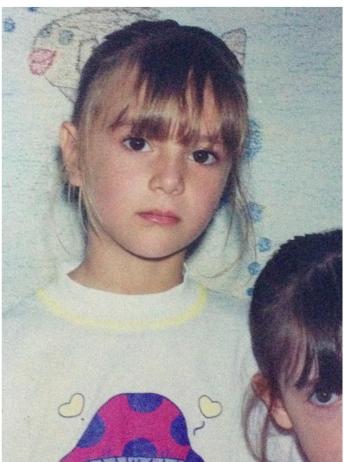






CHILDHOOD ADDITIONAL PHOTOS







FAMILY ADDITIONAL PHOTOS



