

EGG DONOR INFORMATION



DONOR ID #4314

SHORT BIOGRAPHY:

She loves spending time with friends and family and enjoys staying active by working out at the gym to maintain her health and fitness. Tennis and beach outings are among her favorite hobbies. Passionate about learning, she works in facial harmonization, specializing in Botox, dermal fillers, and collagen biostimulators.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 6"

Year of Birth: 1995

Weight: 116

Ethnicity: Caucasian

Eye Color: Hazel

Maternal Heritage: Italian and French

Natural Hair Color: Blonde

Parental Heritage: Portuguese

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Master's 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

My life goals consist of getting married, having children, traveling and exploring the world, opening my own aesthetics clinic, becoming a successful professional who helps people improve their self-esteem and feel good about themselves, being an exemplary mother and raising my children to be good people, and evolving as a person to help make the world a better place.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was always a well-mannered and well-behaved child. I loved playing games, playing with Barbies, and swimming in the pool every day. I have always loved going to the beach, even though I didn't like the sand sticking to my feet. My childhood was very happy—I received a lot of love from my parents and family, and we were always very close. I enjoyed going to the playground to meet my friends and loved going to school.

DESCRIBE YOUR FAVORITE MEMORY.

My favorite memory is from my 15th birthday party, which is similar to a Sweet 16 party in the U.S. During the celebration, I had the opportunity to dance the waltz with my father, my grandfather—whom I love dearly—and my cousin, who sadly is no longer with us. I considered him my brother, which makes this memory even more special. I remember how happy he was when I asked him to dance. At the time, he was only 11 years old, but even at such a young age, he understood how much that moment meant to me. Sharing that dance with him is something I will always cherish.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I consider myself a person of strong character. I am very disciplined and rarely break the rules. I am polite and treat everyone with respect, regardless of their social background. My personality is playful and outgoing—I love making friends and being social. I see myself as a happy person who is deeply grateful for everything and everyone in my life. I am ambitious, dream-driven, creative, and always have a positive outlook on life.

WHAT ARE YOUR FAVORITE FOODS?

My favorite foods are stroganoff (a typical Brazilian food), sushi, and Nutella—I absolutely love them!

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I enjoy reading adventure, fantasy, and romance books. I also love watching sports like tennis and soccer. Going to the beach is one of my favorite things to do, and I also value spending quality time with my boyfriend and family.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My greatest strength is my ability to communicate and adapt to any environment I find myself in. My weakness is that I like to be in control of everything.

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

I dream of visiting Thailand because, as someone who loves the beach, I am fascinated by its breathtaking and stunning coastline.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

My day starts with me going to the gym in the morning. Then, whenever possible, I like to go home and spend an hour sunbathing by the pool while playing with my dogs. After that, I have lunch, take a shower, and go to my office

to see my patients. When I get back, I always enjoy reading books, watching a TV series, or following my team's games.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I would like to become a donor to receive financial support to buy my apartment and start building my future, while also helping families achieve the same dream as mine—the dream of having a child.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

History, Chemistry, Geography, and Biology

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Hello, future moms and dads! I know this is a very important step in your journey as a couple, and I am so happy to be able to contribute to it. I truly hope you can fulfill your dream of having a child and building a wonderful family, just as I hope to build mine one day. I know you will give your children lots of love and a great quality of life, and I sincerely hope this dream becomes a reality.

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	Brown	Brown	Fair	5.91	165.35	Ectomorph	Masters Degree	Dentist
Mother	Brown	Blonde	Fair	5.48	132.28	Ectomorph	Bachelor's Degree	Tradwife
Sister 1	Hazel	Brown	Fair	5.35	116.84	Ectomorph	Bachelor's Degree	Handball Player
Sister 2	Brown	Dark Blonde	Fair	5.22	112.44	Ectomorph	Graduate Studente	Environmental Engineer

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

11

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

30

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?

Yes

IF YES, WHAT BRAND

Mirena IUD

WHEN

Now

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 have silicone implants

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

No allergies

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:

I never had allergies when I was a child

LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND

HERBS) THAT YOU ARE CURRENTLY TAKING:

Desvenlafaxina

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

Desvenlafaxina
Espironolactona
Dipirona

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 KAPOSÍ 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.)

Yes

IF YES, PLEASE GIVE DETAILS INCLUDING WHEN LAST USED:

Just marinuana, last used when I was 18 years old

HAVE YOU EVER BEEN TREATED FOR DEPRESSION?

Yes

HAVE YOU EVER ATTEMPTED SUICIDE?

No

FAMILY MEDICAL HISTORY

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Paternal Grandmother	82	82	Liver Cancer

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Paternal Grandfather	80	80	Kidney Disease

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

YOU

- Anxiety disorder
- Deviated septum

MOTHER

- Ulcer of stomach/duodenum
- Thyroid disease

SIBLINGS

- Immune deficiency/disease
- Ovarian cysts
- Deviated septum

FATHER

- Hepatitis C

DESCRIBE YOUR SELECTED MEDICAL PROBLEM

Deviated septum

DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

My mother had hyperthyroidism at age 20

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

My father had hepatitis c when he was young

DESCRIBE YOUR SIBLINGS'S SELECTED MEDICAL PROBLEM

My youngest sister has alopecia areata and my middle sister has polycystic ovary syndrome.

GRANDPARENTS

- Anemia
- Any other cancer or problem of digestive system

OTHER FAMILY

- Leukemia

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandfather on my father's side had liver cancer and my grandmother on my father's side had anemia

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

12A. IF THE PERSON REFERRED TO IN QUESTION 12 WAS A MEMBER OF YOUR HOUSEHOLD, WERE YOU EXPOSED TO THAT INDIVIDUAL'S BLOOD, SALIVA OR OTHER BODY FLUIDS (E.G., THROUGH DEEP KISSING, SHARED TOOTHBRUSHES, RAZORS, OR NEEDLES, OR THROUGH OPEN WOUNDS OR SORES)?

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

15A. HAVE YOU HAD ANY NEW SKIN RASH OR SORE SINCE THE TIME OF CONTACT?

No

15B. HAVE YOU HAD ANY ILLNESS OR COMPLICATIONS FROM YOUR CLOSE CONTACT WITH SOMEONE WHO WAS VACCINATED?

No

15C. DID THE SCAB SEPARATE/FALL OFF BY ITSELF FROM THE PERSON WHO HAD THE SMALLPOX VACCINATION?

No

16. HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES SIMPLEX TYPE 2 AND/OR SYPHILIS?

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)?

Yes

24A. FROM THE BEGINNING OF 1980 THROUGH THE END OF 1996 DID YOU SPEND TIME THAT ADDS UP TO 3 MONTHS OR MORE IN THE U.K. (INCLUDES ENGLAND, IRELAND, SCOTLAND, WALES, THE ISLE OF MAN, THE CHANNEL ISLANDS, GIBRALTAR, AND THE FALKLAND ISLANDS)?

No

24B. SINCE 1980, HAVE YOU RECEIVED A BLOOD TRANSFUSION OF BLOOD OR BLOOD COMPONENTS IN THE U.K. OR FRANCE?

No

24C. SINCE 1980 HAVE YOU SPENT TIME THAT ADDS UP TO 5 YEARS OR MORE IN EUROPE (INCLUDING TIME SPENT IN THE U.K. BETWEEN 1980 AND 1996)?

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)

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?

Yes

IF YES - WHEN:

Last year

RESULTS:

Negative

HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?

Yes

IF YES - WHEN:

About 2 years ago

TYPE:

Covid-19

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

- Brazil

ASIA

- NONE

AFRICA

- NONE

UNITED STATES

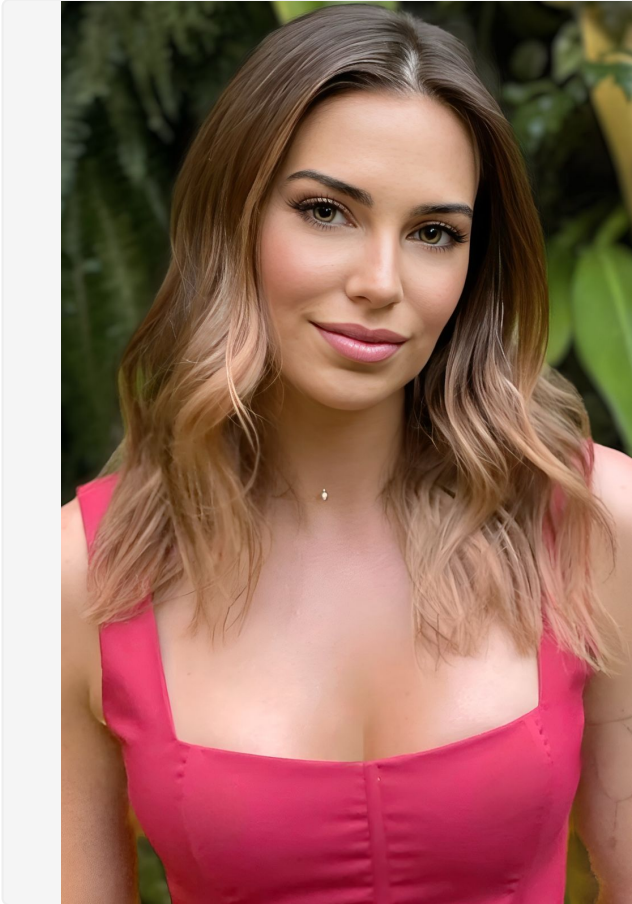
- Miami-Dade County, Florida

MEDICAL HISTORY

PSYCHOLOGICAL (MENTAL)

Anxiety

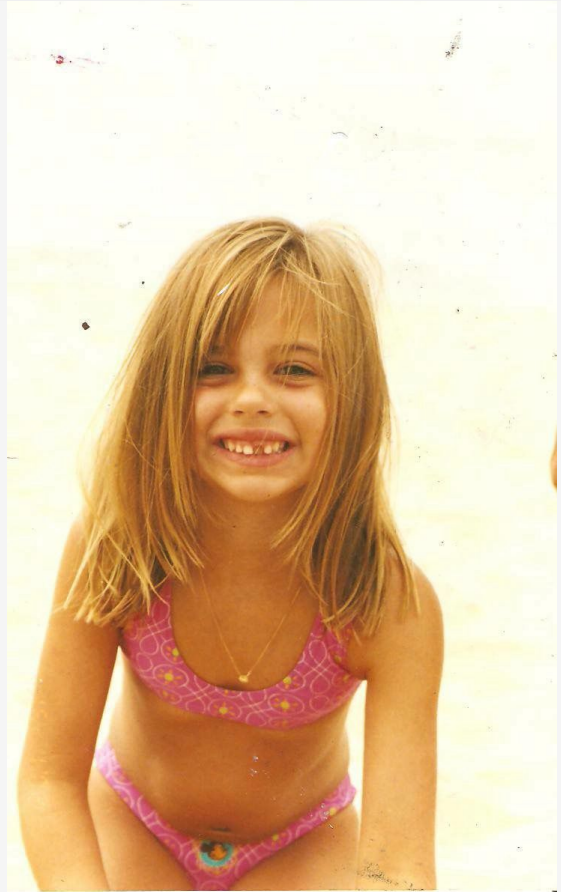
DONOR ADDITIONAL PHOTOS



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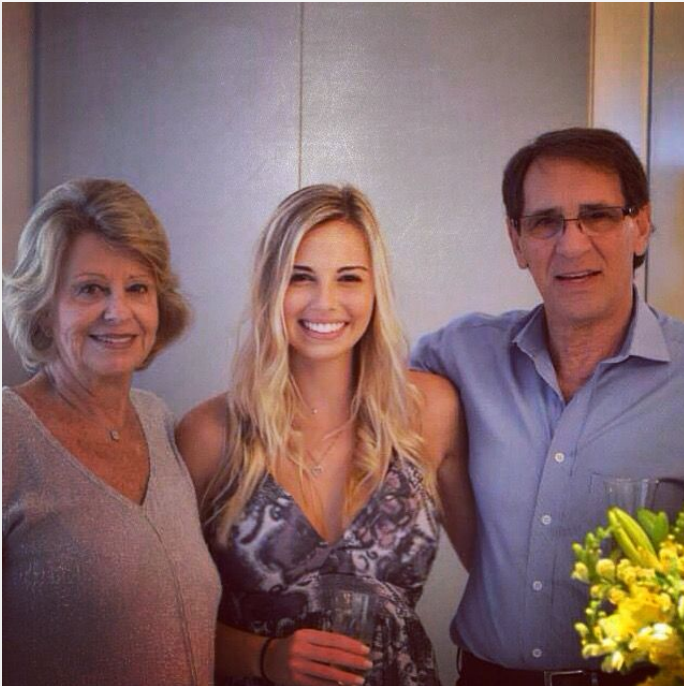
CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

