

EGG DONOR INFORMATION



DONOR ID #4197

SHORT BIOGRAPHY:

She is the third daughter of her mother and father, she has 4 siblings, 2 men and 2 women.

She is the mother of a 3 year old boy.

She is a beauty businesswoman and is also a model. She has a very active life, loves playing sports in her free time, doing activities with her son and traveling.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5'10

Year of Birth: 1997

Weight: 138lbs

Ethnicity: Latina or Hispanic

Eyes Color: Brown

Maternal Heritage: Indigenous, African, Portuguese

Natural Hair Color: Brown

Paternal Heritage: Italian and Portuguese

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

I want to scale my business, make my first million in the next 3 years, go to medical school, help my family financially and travel to some places.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD

I was tall, thin, had light brown eyes, curly hair, I caught attention everywhere with my charisma and sense of humor, I was a sweet, outgoing and laughing girl, I loved singing, playing with dolls, with piques, I loved playing with my friends and cousins.

DESCRIBE YOUR FAVORITE MEMORY

The day my son was born.

DESCRIBE YOUR PERSONALITY AND CHARACTER

Strong and virtuous character, receptive, ambiverted, cordial, supportive, flexible and creative personality

WHAT ARE YOYR FAVORITE FOODS?

Sushi, pizza, chicken, pasta and fruit.

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I like playing sports, playing with my son, cooking, going to church, shopping, going to the mall, taking short trips, singing, taking photos, watching movies and series.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My strengths: being resilient, strong, educated, creative, articulate, virtuous and empathetic. Weaknesses: perfectionist, immediacy, difficulty saying no and imposing limits.

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

I would like to visit some countries on the African continent, Europe, some countries in Latin America and North America.
To get to know the culture, cuisine and climate, you can see up close what is told in the story. Meet and make new connections, with people, places and be able to learn something new.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

When I wake up I say my prayer, I take my son to school and go to the gym for training, after training I get home, eat and get ready for work, after my shift, I return home, do my course class and then prepare the food, if my son is at home we do some activity, eat and then I put him to sleep and take some time to read or do something at home, then I get ready for bed.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

To help people achieve their dream of becoming parents.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Biology, Philosophy, Portuguese, History and Physical Education.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

1Corinthians 2:9

Neither eyes have seen, nor ears have heard, nor has it ever penetrated into the human heart what God has prepared for those who love Him.

You were born to be parents, to create a family. Do not be afraid! And prepare for the phase that comes, regardless of what it may be.

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	5'11	176 Lbs	Slim	Complete High School	Businessperson
Mother	Brown	Brown	Medium	5'9	154 Lbs	Slim	Basic Education	Hairdresser
Brother 1	Light Brown	Brown	Fair	6'1	198 Lbs	Slim	University Education	Businessperson
Brother 2	Brown	Brown	Dark Skinned	6'1	187 Lbs	Slim	University Education	Tattoo Artist
Sister 1	Brown	Brown	Brunette	5' 3	110 Lbs	Slim	Basic Education	Basic Education
Children 1	Amber	Dark Blonde	White	2' 6	44 Lbs	Slim	Child Education	None

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

15

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

Yes

IF YES, WHAT TYPE(S)

Condom

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)?

None

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

None

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

I don't have allergies

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:

I had no allergies

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

Vitamin D, Creatine, Iron, Omega and vitamins from A to Z

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

Syrups, Amoxicillin, Dipyron, Paracetamol

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?

Yes

HAVE YOU EVER HAD KAPOSI 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
Father	40	40	Stroke Cause: Alcohol Abuse Problem

YOU

Acne

DESCRIBE YOUR SELECTED MEDICAL PROBLEM

TDAH and Acne in adolescence

MOTHER

Anemia - Migraines - Acne

DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

Acne in adolescence

FATHER

Alcoholism- Drug abuse, misuse or addiction

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

Alcoholism, and drug abuse during adolescence and adult life.

GRANDPARENTS

Anemia - Depression - Bi-polar disorder - Anxiety disorder - Drug abuse, misuse or addiction

SIBLINGS

Anxiety disorder - Any sight/sound/smell disorder - Acne

DESCRIBE YOUR SIBLINGS'S SELECTED MEDICAL PROBLEM

Acne and Smell and sight issues.

OTHER FAMILY

Depression Anxiety disorder

DETAILED FAMILY MEDICAL HISTORY

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

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 OF 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)?

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)

Yes

USED METHAMPHETAMINE

No

USED ANY ILLICIT DRUG NOT LISTED

Yes

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:

When I was pregnant in 2020 and 2021

RESULTS:

Negative

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

Mexico (ANY part of the country)

THE CARIBBEAN

NONE

CENTRAL AMERICA

NONE

PACIFIC ISLANDS

NONE

SOUTH AMERICA

Brazil

ASIA

NONE

AFRICA

NONE

UNITED STATES

Miami-Dade County, Florida - Southern Florida (includes Miami Beach)

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

Anxiety

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

