

## EGG DONOR INFORMATION



**DONOR ID #4276**

### SHORT BIOGRAPHY:

She is a woman of extraordinary grace and an admirable heart, exuding strength of character and unwavering kindness. Her polite and calm demeanor reflects her gentle nature, while her nurturing spirit shines through in the love and care she devotes to her family. At this beautiful stage of her life, she is dedicated to raising her precious 10-month-old daughter, a little princess who is the light of her world.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Height:** 5'6

**Year of Birth:** 2001

**Weight:** 132lbs

**Ethnicity:** Latina or Hispanic

**Eyes Color:** Green

**Maternal Heritage:** Spanish

**Natural Hair Color:** Blonde

**Paternal Heritage:** German

## PERSONAL INFORMATION

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

High school graduate

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

Yes

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

Femiane contraceptive

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

My goal is to have a stable and comfortable life so that I can do even more for my daughter.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD

I was an outgoing child, calm, affectionate, played with everything, and had a lot of energy.

### DESCRIBE YOUR FAVORITE MEMORY

I was 6 years old and I was in a club swimming and playing with other children, there was no such thing as bad weather.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I consider myself a person with a strong, submissive, careful, loving, reserved and outgoing personality. A woman of admirable character.

### WHAT ARE YOYR FAVORITE FOODS?

Japanese food, sandwiches, and salad.

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

I spend more time with my daughter and I love it, when she sleeps and I'm free from homework, I like to take time for myself reading a book or taking care of myself.

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

Weaknesses: Not being able to finish something I started, insecurity, jealous, passive.  
Strengths: Gratitude, forgiveness, prudence, competence, kindness.

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

Saudi Arabia because I'm passionate about culture, clothes and food.

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up at 7:30 in the morning to give my baby a bottle, I have coffee, I organize the house, I go out with her for a walk, when we come back we take a shower, she goes back to sleep, I make lunch, she wakes up again for lunch, and we spend the day playing or watching something, I make dinner, I give her the bottle until she sleeps again.

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

Because as a mother I understand this love, and I feel good to be able to make such a beautiful gesture.

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

English, History, Physics and Chemistry

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

I hope it is a dream come true, that you are very happy, because a child is the most beautiful blessing in the world.

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	Green	Blond	Fair	5'7" Ft	160.9 Lbs	Medium	Complete High School	Retired
Mother	Brown	Brown	Fair	5'6" Ft	152Lbs	Medium	Complete High School	Retired
Children 1	Green	Dark Blonde	Fair	2'1" Ft	22 Lbs	Slim	She Is A Baby	Daughter

## REPRODUCTIVE HISTORY

### AGE AT FIRST PERIOD

11

### ARE YOUR CYCLES

Regular

### INTERVAL BETWEEN PERIODS

21

### 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?

No

### ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

### IF YES, WHAT BRAND

Femiane

### WHEN

Currently

### 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:**

No

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

No

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

No

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

No, only the contraceptive.

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

Sometimes dipyrone

**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 KAPOSİ 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	46	She's Alive	Lupus
Father	54	He's Alive	Healthy
Children 1	10 Months	She's Alive	Healthy
Maternal Grandmother	86	She's Alive	Healthy
Maternal Grandfather	-	82 Years	He Broke His Pelvis, Had Complications And Died
Paternal Grandmother	-	73 Years	Alzheimer
Paternal Grandfather	-	I Didn't Know	Natural Death

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

Anemia - Ovarian cysts

### DESCRIBE YOUR SELECTED MEDICAL PROBLEM

I had an ovarian cyst before pregnancy, and I had anemia after pregnancy, I don't know how it is today.

### MOTHER

Depression - Lupus

### DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

She discovered lupus at the age of 36 and soon had depression.

### GRANDPARENTS

High blood pressure

### DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My maternal grandmother has high blood pressure.

## 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)?**

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)

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?

Yes

IF YES - WHEN:

In pregnancy

RESULTS:

Negative

HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?

Yes

**IF YES - WHEN:**

July

**TYPE:**

Influenza

**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**

Kidney stones

**OTHER BLADDER PROBLEM**

None

**OTHER GI DISEASE**

None

**OTHER MUSCULOSKELETAL DISEASE**

None

**OTHER HORMONAL DISEASE**

None

**OTHER REPRODUCTIVE DISEASE**

Ovarian cysts

**OTHER BLOOD DISEASE**

Anemia

**OTHER EYES, EARS, AND SKIN DISEASE**

None

**OTHER NEUROLOGICAL DISEASE**

None

**OTHER PSYCHOLOGICAL DISORDER**

None

**ANY OTHER DISEASE OR DISORDER**

None

## DONOR ADDITIONAL PHOTOS



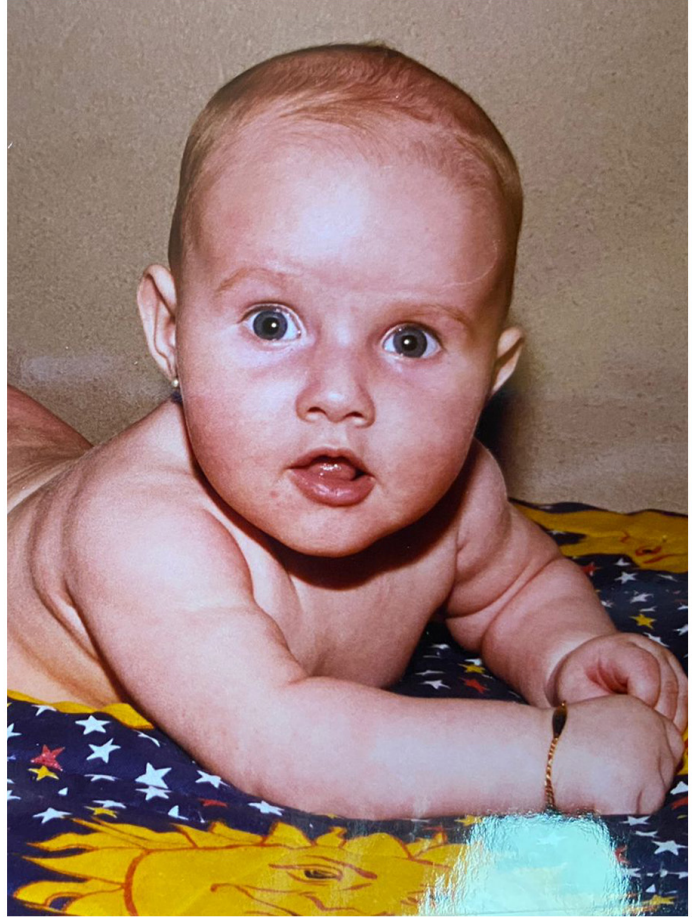


## DONOR ADDITIONAL PHOTOS





## CHILDHOOD ADDITIONAL PHOTOS





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## FAMILY ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

