

EGG DONOR INFORMATION



DONOR ID #4297

SHORT BIOGRAPHY:

She is a 5'7" model with a remarkable and inspiring journey. Since childhood, she has followed a path in fashion and beauty, with a passion for learning, currently studying Biomedicine. She loves traveling, sports, and staying active with jiu-jitsu, volleyball, and Pilates. Kind-hearted and family-oriented, she deeply values her upbringing and adores her two younger sisters.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5'8

Year of Birth: 2000

Weight: 128lbs

Ethnicity: Caucasian

Eyes Color: Brown

Maternal Heritage: Portuguese

Natural Hair Color: Blonde

Paternal Heritage: German and 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:

The contraceptive Diclin

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I started studying Biomedicine. I want to become a biomedical professional, an independent and successful woman. That's my greatest ambition in life! Studies and knowledge, because no one can take that away from us! I'm also very ambitious and fight for my freedom and financial independence. Additionally, one of my big goals is to travel the world and buy a house for myself.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD

I was always an obedient and studious child, and I never had any complaints at school. But I was also very curious and wanted to know the reason behind absolutely everything in the world! I loved playing, painting, and using my imagination a lot. I was a really happy child! And had many classmates and friends! I adored my toys and took care of them with all my love and affection. I never fought with anyone at school or in life; I was always a kind and respectful child.

DESCRIBE YOUR FAVORITE MEMORY

My favorite memory is from an afternoon when I was about 8 years old, on a typical weekend day. My grandfather called me to go with him to his farm, which was a few kilometers away from my grandparents' house. They lived in the countryside (about 5 hours away from my city). On the way, I would watch the trees pass by quickly, imagining I was on an adventure.

When we arrived, he took me to see the stream that ran through the land. He had made the stream himself, along with a pipe that looked like a shower for me to play with. It wasn't anything impressive—just a stream of water flowing between the stones—but to me, it felt like a hidden secret. Then, he taught me how to make slingshots (it was funny for an 8-year-old girl). We stayed there for a while, throwing stones into the water and betting on which one would reach the end of the path first.

In the end, we sat down, and he told me stories from when he was a child, and he would tell me jokes. I still remember his voice and those beautiful blue eyes (he passed away in 2012). He always smiled at me and said, "My little white one, you have a light inside you." We returned home with our feet covered in red dirt and hearts light. It wasn't a day of grand events, but it was perfect because it was with my grandfather, who always encouraged me and believed in me, teaching me and showing me the little things in the world.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a sensitive and introspective person, deeply connected to my roots and to the people who are important to me. I value simple yet meaningful moments, and I always strive to learn and grow, whether from my own experiences or from the stories of those around me. To me, the essence lies in the little things, and I always try to keep my heart light and grateful for everything.

I've always had a thirst for learning and knowledge, which led me to start college now, reinforcing my determination and desire to continuously improve. I care about my health and well-being, and I seek balance in my diet, always trying to overcome challenges and improve in everything I do.

I believe I am a person with strong character, but with a lightness and sensitivity that define me. I deeply value learning and genuine connections, and I am grateful for all the experiences that shape who I am. I never compromise on honesty and loyalty, as they are what truly shape a person's character!

PERSONAL INFORMATION

WHAT ARE YOUR FAVORITE FOODS?

I've always loved and preferred natural foods, especially those prepared by my mother or grandmother, who grows almost all of her food on her own. I enjoy simple dishes like rice and beans with meat and plenty of salads, but I also love Italian food. I love strawberries, blueberries, watermelon, fish, oats, yogurt, and fresh juices! I've always preferred this way of eating because I know it's good for my health. Of course, I enjoy chocolate and cake, but nothing excessive! I don't drink soda, and I stopped drinking alcohol months ago, which was the best decision. I drink 3 liters of water a day and make my natural juice every morning. I love this eating routine

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I enjoy spending time with my family, reading, watching series, meditating, and seeing my friends. I haven't been to parties in years and don't miss them, as they no longer align with my mindset. Physical activities are part of my routine, not my free time, so.... Basically, it's that

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My strengths are my sensitivity and empathy. I am deeply connected with the people I love and I help everyone around me. I also have great discipline and focus, which helps me maintain a healthy and balanced routine, take care of my health, and always strive to evolve in different areas of my life, such as my diet, physical activities, and now in college. I have always had a thirst for learning and growing, which makes me determined and willing to face new challenges.

In addition, I value the simple things in life, like moments with my family and friends. I believe that honesty and loyalty are essential for building healthy relationships, and these values are pillars of my character.

Negative points: Although I have a well-structured routine, I know that external changes or unforeseen events can be challenging for me. I also realize that, at times, I can be a bit hard on myself, always striving for perfection, which sometimes leads to frustration. Another point is that, although I prefer more tranquil moments, like reading a book alone, I recognize the importance of opening up to new experiences and social interactions when necessary.

However, my strengths, such as my commitment to my health, my care for the people around me, and my willingness to learn, are qualities that I believe are important for the decision to be an egg donor. I am ready for this journey and believe that I can contribute in a positive way.

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

If I could travel to any place in the world, I would choose Italy, Egypt, and a destination surrounded by nature. Italy fascinates me because of its rich history, culture, and architecture, which are endless sources of learning and inspiration. Egypt, with its ancient civilizations and mysteries, has always captivated me, and I would love to explore more of its deep and enigmatic history. Additionally, I am passionate about places surrounded by nature, where I can disconnect from everyday life and reconnect with the simplicity and beauty of the world around me. These destinations represent a perfect mix of history, culture, and nature, and I believe each of them would provide me with a unique experience of growth and reflection.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

My typical day starts at 6 AM. I get up, go to the bathroom to practice my hygiene, and have breakfast. If I have time, I read a little. Then, I head to the gym, followed by studying. Depending on the day, I might have a class in the evening. I take my dog for a walk every day and work from home or do modeling tasks. By 10 PM, I'm already sleeping.

PERSONAL INFORMATION

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I decided to become an egg donor because, in addition to being a way to help someone fulfill their dream of starting a family, I see it as an opportunity to do something of great value, something that truly makes a difference in someone else's life. I know this decision involves responsibility, but it also carries immense meaning. While I do need financial resources to achieve some of my own goals, I believe that this donation is not just about the financial aspect, but also about offering a new chance to someone who has no other options. Making a difference in someone else's life, while also seeking my own growth, is something that motivates me and fills me with gratitude. I feel that I am ready for this journey, with an open heart and the desire to contribute in a meaningful way!

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

My favorite classes in school were science (biology, etc.), history, and arts. This explains why I chose biomedical science and why I am so curious and passionate about life, cultures, and constantly eager to learn more and more.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Dear Future Parents,

By deciding to donate my eggs, I am offering more than just a part of myself. I am offering an opportunity for love, hope, and dreams that, I know, will be transformed into life. Each egg represents the possibility of a future, a chance to create a family filled with care and joy. Although I do not know you, my heart fills with gratitude for being able to contribute to the realization of the greatest dream of so many people: becoming parents.

I understand that the path to parenthood can be long and challenging, but I want you to know that, in making this decision, I am with you in a unique and profound way. I am offering something beyond the physical — I am offering part of my trust, my hope that your lives will be filled with wonderful moments, laughter, and unconditional love. May every moment, from conception to the day you hold your child in your arms, be filled with emotion, beauty, and gratitude.

I continue my journey knowing that, by helping you, I am allowing something truly magical to happen. May this simple gesture on my part bring infinite happiness and the realization of the dream of becoming a mother and father.

With all my love and gratitude.

ARE YOU COMMITTED TO BEING A DONOR?

Yes, I am fully committed to being an egg donor.

DO YOU SMOKE CIGARETTES?

No

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Blue	Blonde	Caucasian	6'0	180	Athletic	Bachelor's	Training
Mother	Brown	Brown	Caucasian	5'5	135	Slim	Bachelor's	Housewife
Sister 1	Brown	Brown	Caucasian	5'7	130	Athletic	High School	Athlete
Sister 2	Blue	Brown	Caucasian	5'5	106	Slim	High School	Dancer

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

12

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

7

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?

-

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

Yes

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

Diclin

WHEN

-

DO YOU USE OTHER FORMS OF BIRTH CONTROL

Contraceptive pills and condom

IF YES, WHAT TYPE(S)

-

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)?

I don't have!

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

I've only had a breast augmentation surgery, and everything went well because my healing process are flawless.

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

No allergies, nothing! I've already done tests.

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:

No allergies, never

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

Zinc, B-complex, omega-3, vitamin C, and vitamin E. For now, that's all! I also use whey protein and creatine.

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

No medications other than normal vitamins, as listed above, birth control, and medicines for colds.

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

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

GRANDPARENTS

Heart attack

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandfather had a fatal heart attack, and the doctor said it was due to high cholesterol. He had a very poor diet, eating a lot of fried foods

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

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)

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, Routine gynecological exams. 3 months ago. Negative. I don't even have antibodies for this disease.

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

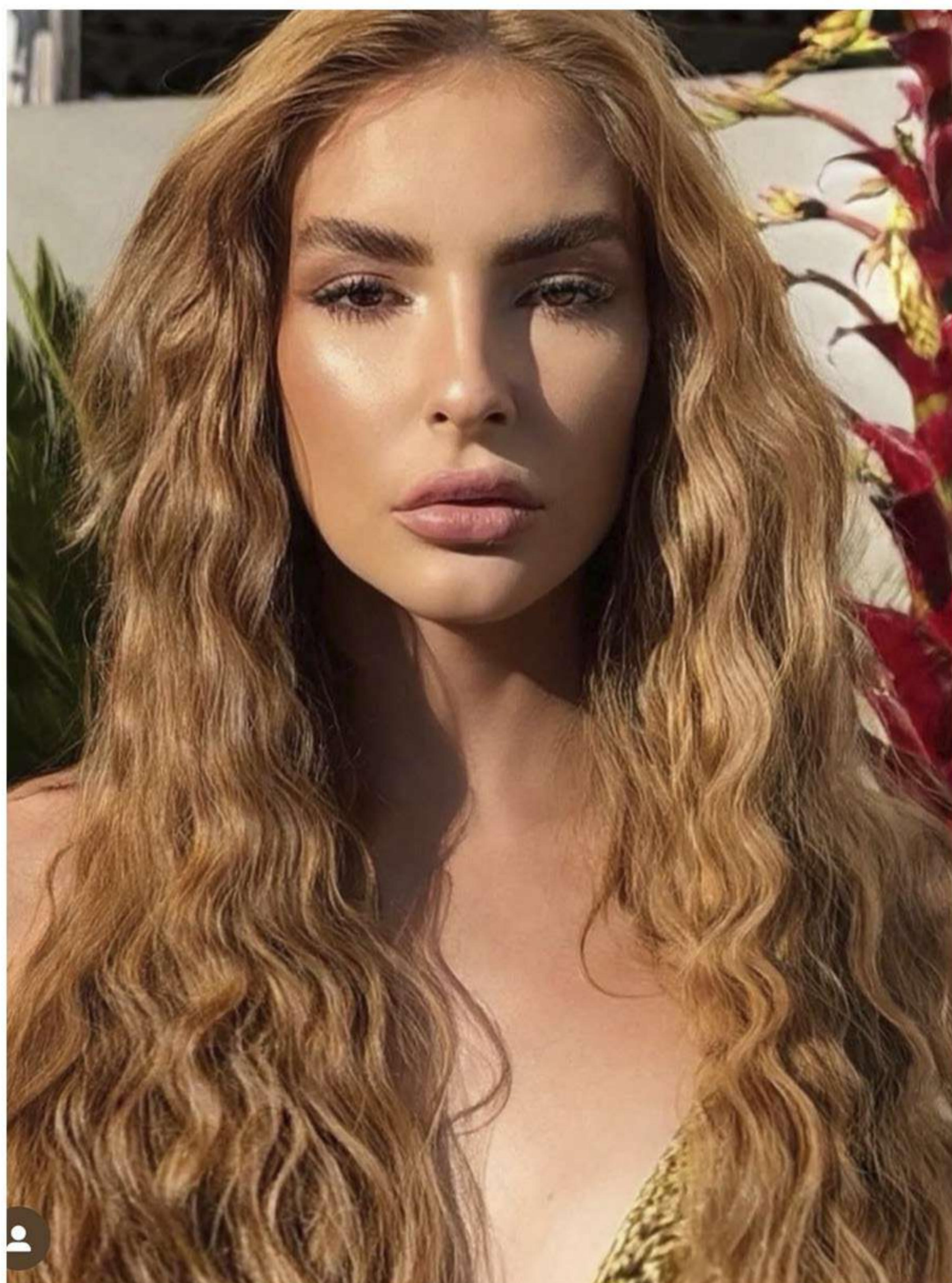
OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

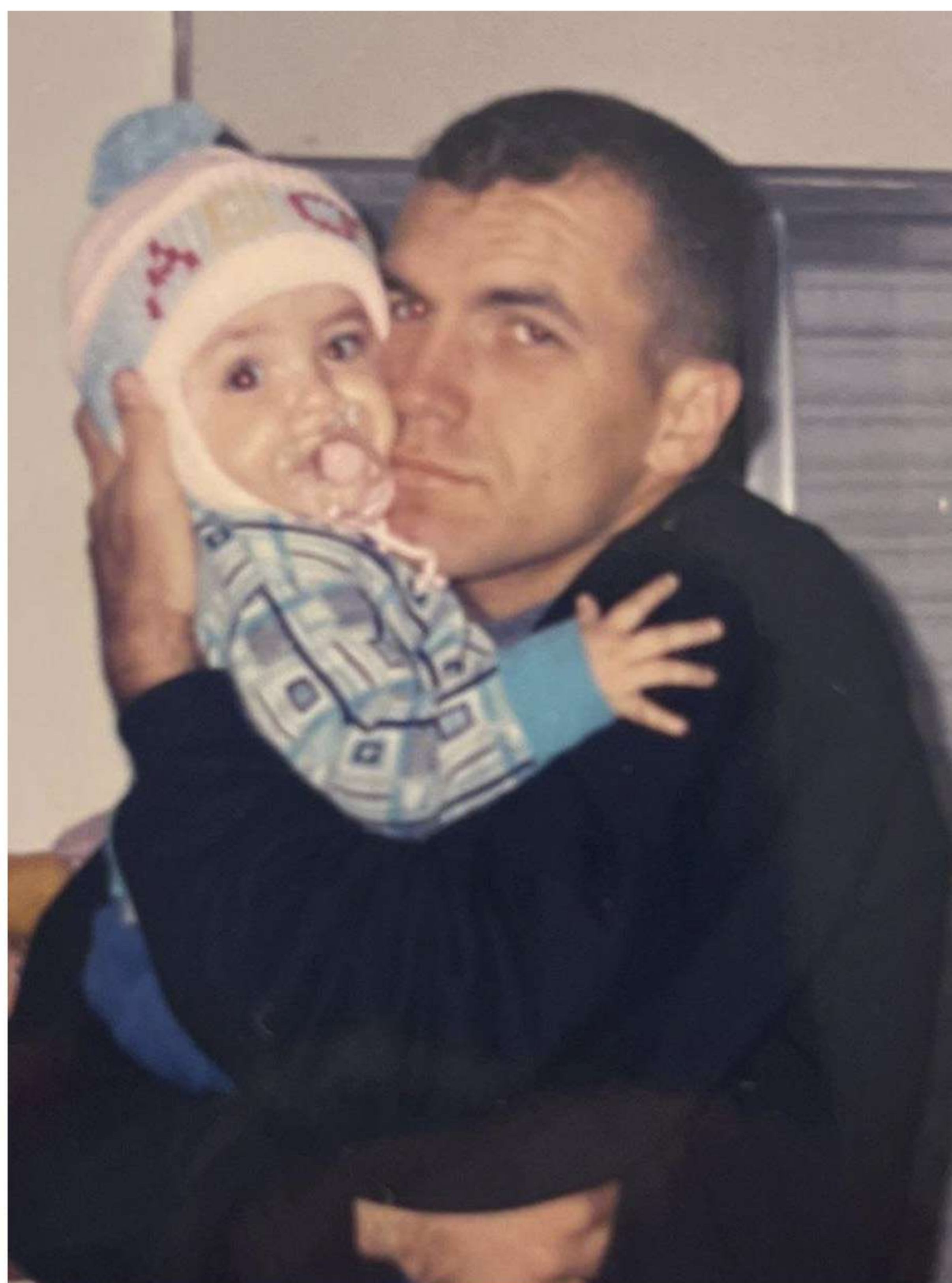
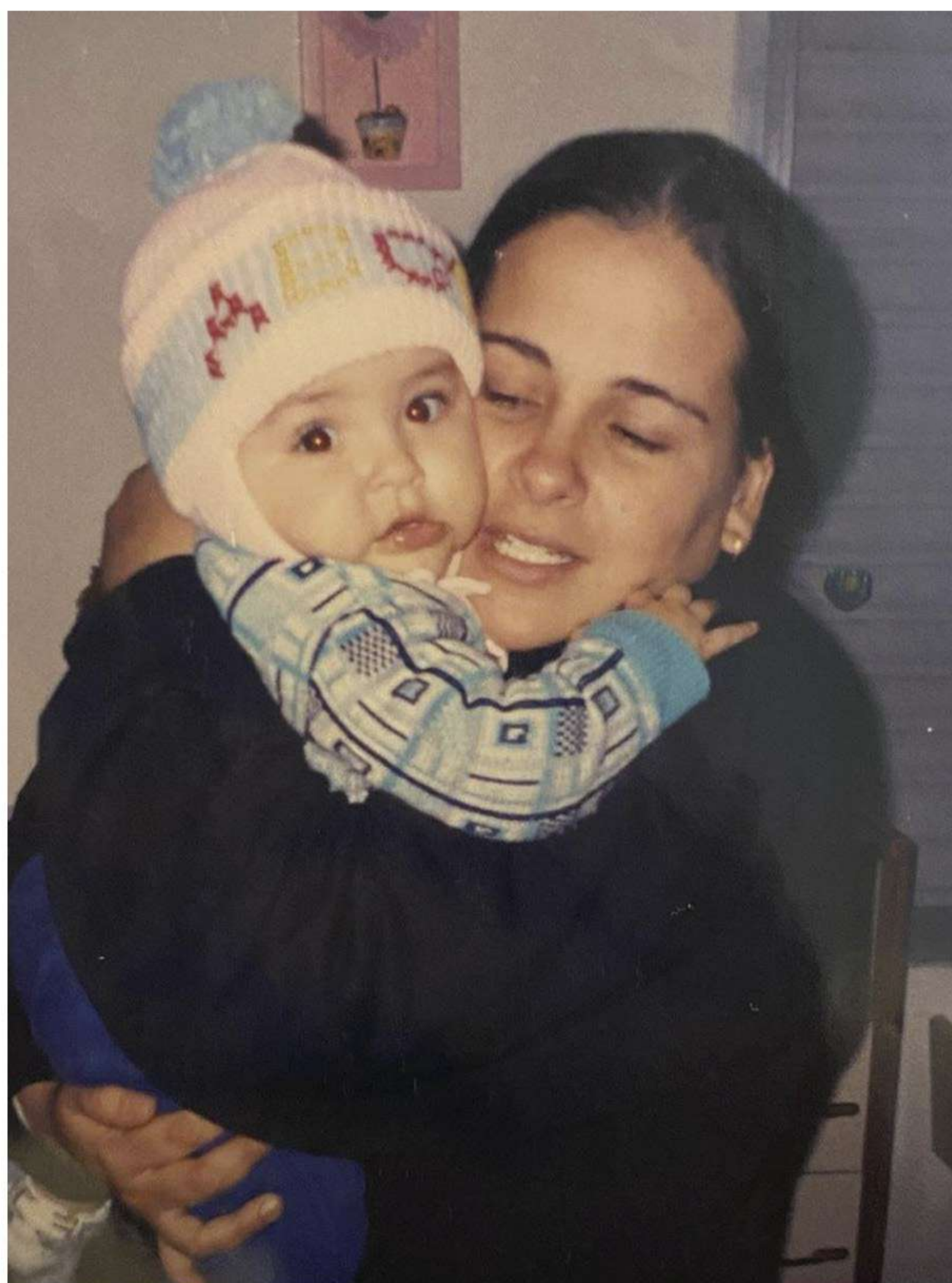
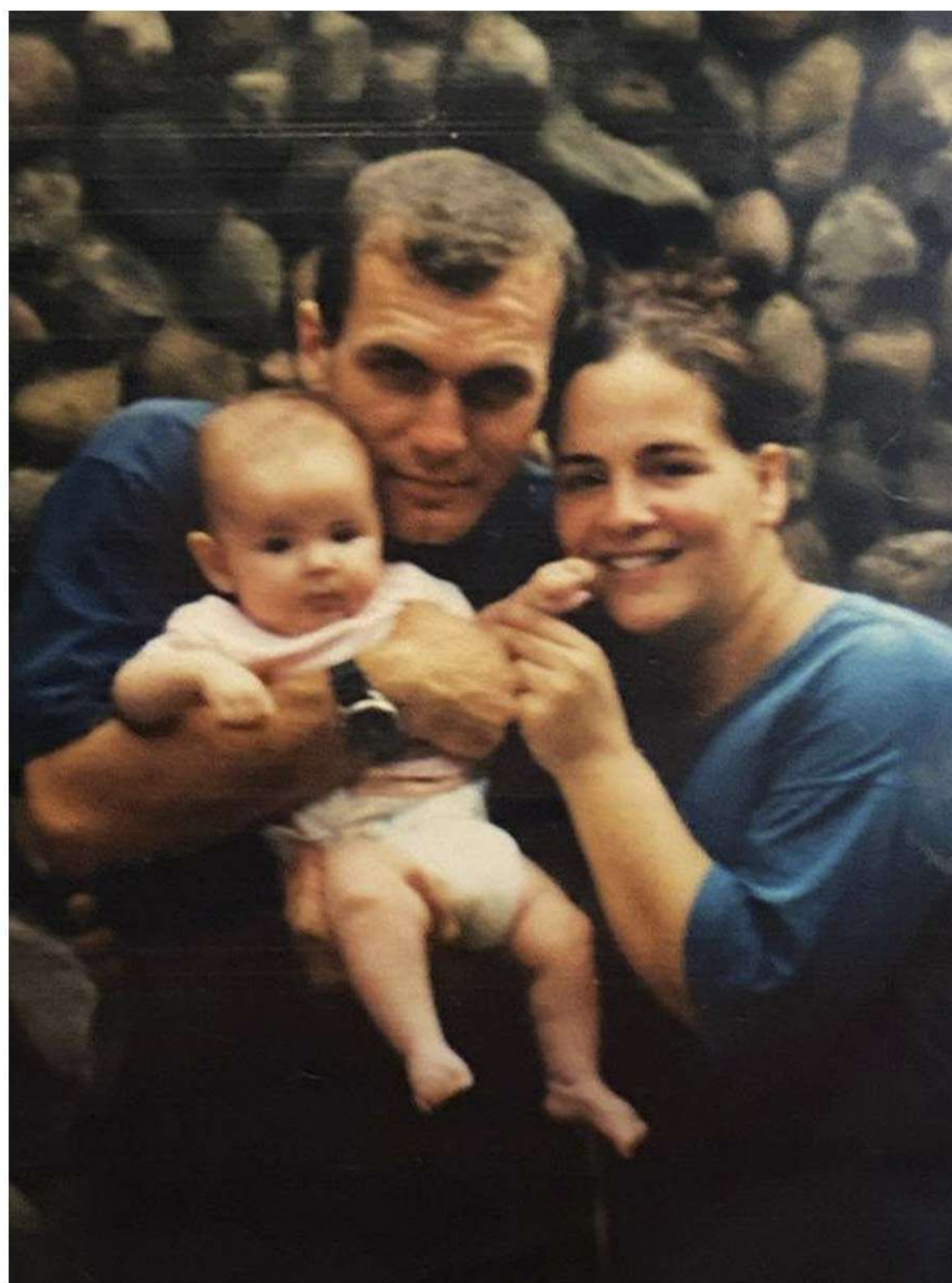
DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

