

## EGG DONOR INFORMATION



**DONOR ID #4223**

### SHORT BIOGRAPHY:

She is an Italian woman with a degree in economics, currently pursuing a master's degree in acting. She speaks three languages and enjoys nature, cooking, spending time with her family, and being around children.

## DONOR PERSONAL INFORMATION

**Location:** United States

**Height:** 5'4

**Year of Birth:** 1999

**Weight:** 130lbs

**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**

Master

**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 aspire to achieve professional fulfillment and, one day, to become a mother.

**DESCRIBE WHAT YOU WERE LIKE AS A CHILD**

I was very happy and smile girl.

**DESCRIBE YOUR FAVORITE MEMORY**

I remember playing with my grandmother at the table in her house

**DESCRIBE YOUR PERSONALITY AND CHARACTER**

Positive, happy, with lots of energy and drive, very patient and listening to people

**WHAT ARE YOYR FAVORITE FOODS?**

Italian food : pizza, pasta, lasagn

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

I like dance and sing

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

Weaknesses: I trust people too much

Strengths: very patient

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

I would go to a natural place because I like being in contact with nature, I like seeing waterfalls, the smell of rain and I like animals

**DESCRIBE A TYPICAL DAY IN YOUR LIFE.**

Every day I go to school, I do a sport, and I study, I'm not too interesting at go out in the night, Sometime with some friend.

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

I am passionate about supporting people who face challenges in having children, driven by the understanding that one day, I could be in their shoes. This empathy fuels my desire to provide assistance and comfort to those experiencing such struggles.

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

Letter

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

What I can tell you is that I am a reliable girl. My aunt tried for many years to have a child and was unable to do so, and I was able to experience this suffering through her, and today I am here to help those women like her who are going through this. And also to help because maybe one day it could happen to me and there I hope there will be someone else to do it for me.

ARE YOU COMMITTED TO BEING A DONOR?

Yes, I'll do my best.

DO YOU SMOKE CIGARETTES?

No

FAMILY CHARACTERISTICS

| Family Member | Eye Color | Hair Color | Skin Complexion | Height | Weight        | Body Type  | Education Level | Occupation                    |
|---------------|-----------|------------|-----------------|--------|---------------|------------|-----------------|-------------------------------|
| Father        | Braun     | Braun      | Medium          | 6      | 198 Lbs /90Kg | Mesomorph  | High School     | Working For The Italian State |
| Mother        | Braun     | Braun      | Olive           | 5.2    | 121 Lbs/ 55Kg | Hour Glass | High School     | She Works In A Family Shop    |

## REPRODUCTIVE HISTORY

### AGE AT FIRST PERIOD

14

### ARE YOUR CYCLES

Regular

### INTERVAL BETWEEN PERIODS

20

### 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

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:**

Vitamin C - Magnesium - Biotin

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

Influenza

**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?**

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

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

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?**

Yes

**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)?**

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)?**

Yes

## 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?

No

HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?

Yes

IF YES - WHEN:

2020

TYPE:

The Covid vaccine

**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.**

France

**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

**UNITED STATES**

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

**IF YOU MARKED ANY OF THE TRAVEL LOCATIONS ON THE PREVIOUS PAGES, PLEASE GIVE MORE DETAILS IN THE AREA BELOW.**

| Location | Traveler     | Arrival Date | Departure Date |
|----------|--------------|--------------|----------------|
| Franc    | With Friends | 01/20/2019   | 01/24/2019     |

## DONOR ADDITIONAL PHOTOS



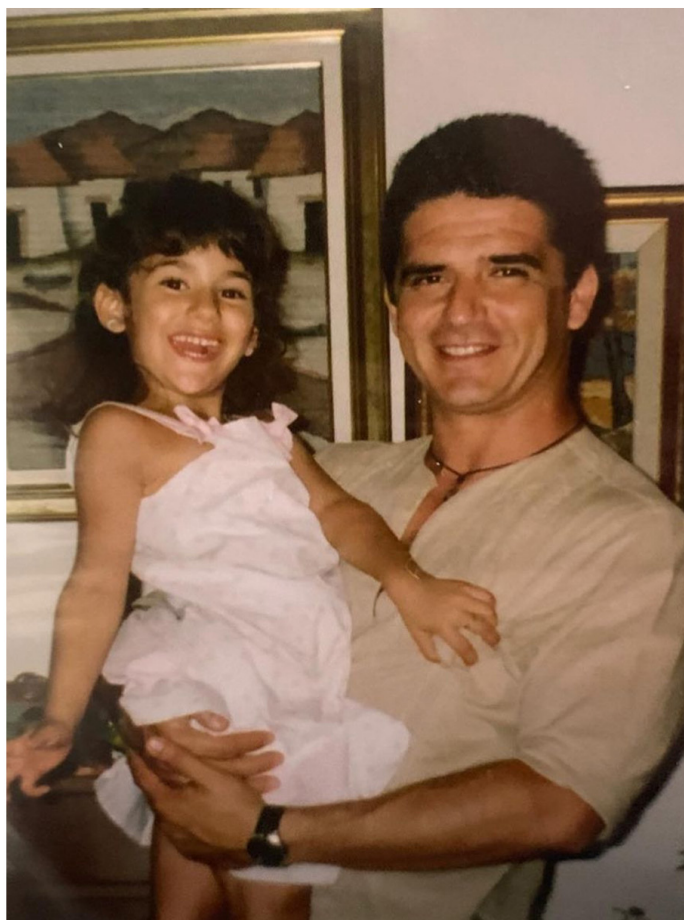


## DONOR ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS





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