

EGG DONOR INFORMATION



DONOR ID #4255

SHORT BIOGRAPHY:

She once dreamed of becoming a criminal investigator, but as time passed, her passion for medicine took over, and she set her sights on becoming a general practitioner. A travel enthusiast, she now enjoys a career that allows her to explore the world. Her love for animals runs deep, and she was heartbroken when her kitten passed away. Family means everything to her—she has two brothers and five sisters. Always up for new adventures, she embraces life with a positive outlook and loves to play soccer. Warm and friendly, she's a joy to be around, and her determination ensures she relentlessly pursues her goals.

DONOR PERSONAL INFORMATION

Location: Thailand

Height: 5'11

Year of Birth: 2001

Weight: 132lbs

Ethnicity: African

Eyes Color: Green

Maternal Heritage: Índio

Natural Hair Color: Brown

Paternal Heritage: African

PERSONAL INFORMATION

WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED

Complete high school

DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

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

At the moment, none

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I want to be a financially successful person so I can help my family.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD

I was a quiet child, sometimes naughty but nothing too much, I always studied from a very young age, I had contact with school from the age of 2 to 3, I really liked studying and I always got along with everyone.

DESCRIBE YOUR FAVORITE MEMORY

The last Christmas I spent with my father before he passed away the following year, that Christmas Eve we talked until late

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a person with a strong and determined personality, who goes after what she wants and does not let herself be influenced by the minds of others and just as I value good character in someone, I also value my own.

WHAT ARE YOYR FAVORITE FOODS?

Mango

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

Dancing and soccer

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

Strengths: determination, discipline, courage
Weaknesses: having a good heart (people always take advantage of that)

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

Outside of Brazil: it would be Dubai, Rome, Greece and Venice...they have always caught my attention and I really want to be able to do it one day
In Brazil: my homeland because I have relatives and the northeast, there are beautiful beaches there

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I meditate, dance, go for a walk, listen to music all the time and exercise

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I see this as an act of empathy and I am happy to be able to make this journey so special in someone else's life.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Physics, biology, chemistry and music

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I appreciate the opportunity to help you and I know that your struggle has not been easy and being able to help you makes me very happy!

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	Black	Black	5'5	211 Lbs	Stocky	Incomplete Elementary Education	Retiree
Mother	Dark Brown	Black	Brown	5'2	137 Lbs	Slim	Elementary School	Dressmaker
Brother 1	Light Brown	Light Brown	Brown	6'0	209 Lbs	Muscular	High School	Industrial Refrigerator Mechanic
Brother 2	Dark Brown	Black	Brunette	5'7	180 Lbs	Athletic	Complete High School	Singer And Musician
Sister 1	Dark Brown	Dark Brown	Brunette	5'5" Ft	159 Lbs	Average	Complete High School	Seller
Sister 2	Green	Dark Brown	Brown	5'7	137 Lbs	Slim	Complete High School	Cashier
Sister 3	Light Brown	Dark Brown	Brown	5'4	123 Lbs	Lean	High School	Student
Sister 4	Green	Light Brown	Brown	5'6	126 Lbs	Slim	High School	Student

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

11

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

23

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?

No

ARE YOU CURRENTLY SEXUALLY ACTIVE?

No

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

Ciclo 21

WHEN

July, 2023

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.)

Only lactose intolerant

DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:

I don't have any

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

Just one 1000 mg vitamin c capsule every day in the morning as it has several benefits

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

Paracetamol - Fexofenadine complex - Dipyron - Buscopan compound (for menstrual cramps) - Dorflex

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)?

Yes

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

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?

Yes

DO YOU DRINK ALCOHOL?

Yes

WHAT TYPES OF ALCOHOLIC BEVERAGES DO YOU DRINK?

I like tequila, dry white wine and beer, but lately I've been avoiding drinking because of my work.

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?

0

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	56		None
Father		63	Heart Problems
Brother 1	38		None
Brother 2	36		None
Sister 2	30		None
Sister 3	27		None
Sister 4	20		None
Children 1	17		None
Children 2	14		None
Children 3	5		None
Children 4	4		None

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**

Acne

DESCRIBE YOUR SELECTED MEDICAL PROBLEM

i don't have

FATHER

Heart disease

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

high blood pressure

SIBLINGS

Heart attack - Heart disease - High blood pressure - Acne

DESCRIBE YOUR SIBLING'S' SELECTED MEDICAL PROBLEM

high blood pressure, only the oldest

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)

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?

No

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

Kidney stones

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

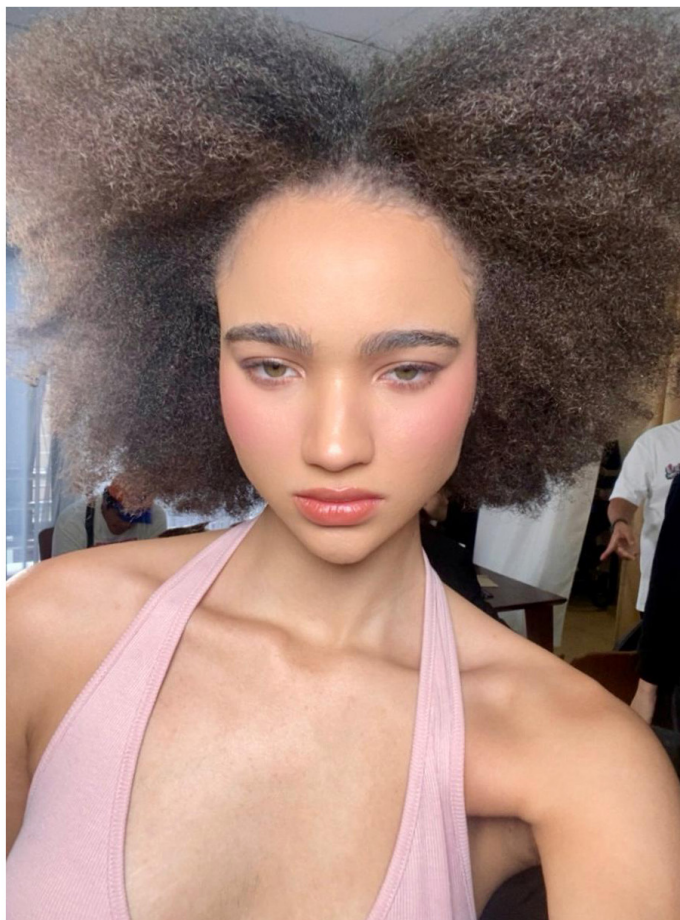
OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



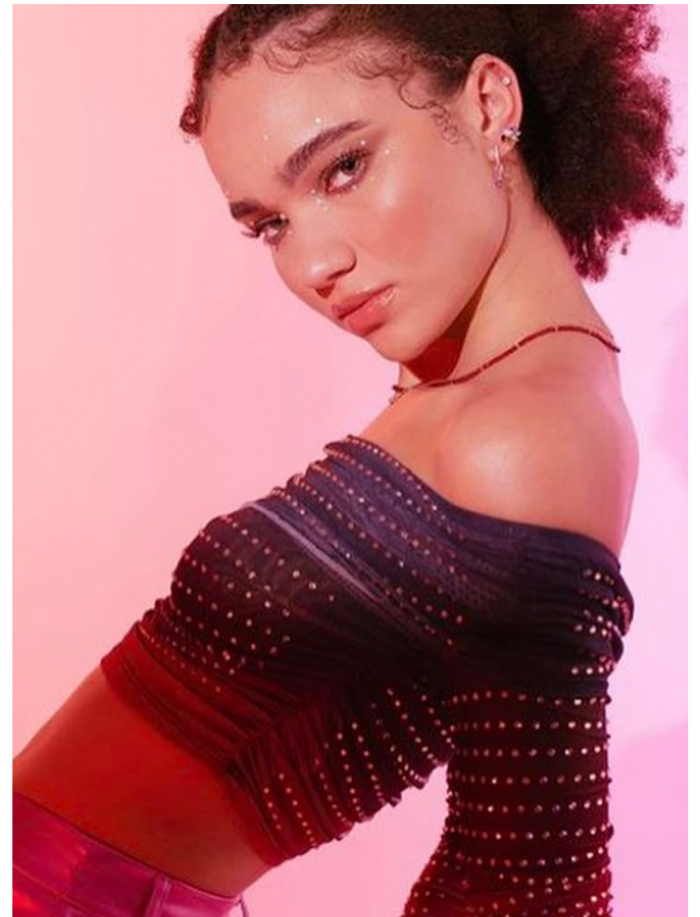
DONOR ADDITIONAL PHOTOS



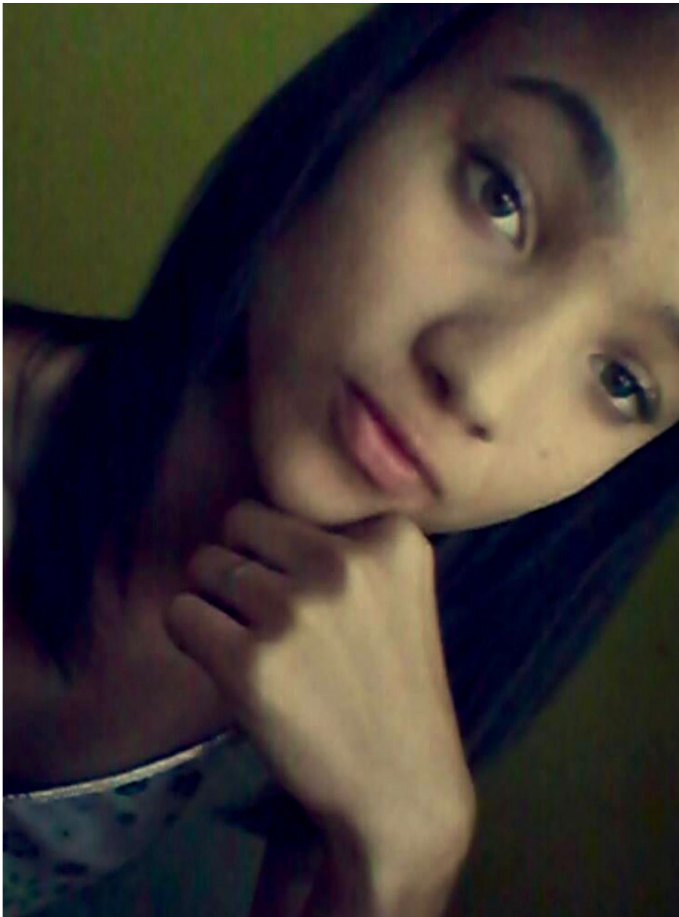
DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

