

EGG DONOR INFORMATION



DONOR ID #4289

SHORT BIOGRAPHY:

She is a happy, loving and dedicated person. She loves cooking, singing, modeling, working out and eating well. She would love to study psychology, marketing and veterinary medicine. She loves animals, climbing mountains and wants to have a big family. She grew up in Brazil, with a good family. Since she was 17, she has been a model and travels the world, which is her passion.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 6"

Year of Birth: 2000

Weight: 119

Ethnicity: Caucasian

Eye Color: Green

Maternal Heritage: Italian

Natural Hair Color: Brown

Parental Heritage: Germany

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:

Exel Ring

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I have goals to grow as a model, appear in magazines. I'm also creating my own bikini brand, which I love.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was always a shy but hyperactive girl, I loved to play, I was always in love with dogs, my favorite food was always sandwiches, and my dreams were to be a singer, an astronaut or a veterinarian.

DESCRIBE YOUR FAVORITE MEMORY.

When my dad took me to eat at McDonald's and I could spend the whole day playing inside and eating my favorite burger

DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a very calm person, I don't like fights, I have very clear values and goals, and I only accept people in my life if they follow my principles. I like to party, but I love staying at home watching movies and waking up early to train. I eat well for pleasure, not because I have to. I like a healthy lifestyle. Before becoming a model, I thought about studying nutrition. I love doing my skincare and taking care of myself. Almost all the books I read are about psychology and self-knowledge.

WHAT ARE YOUR FAVORITE FOODS?

Hamburger, sandwich, Brazilian food and lasagna

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I like to put some masks on my face, watch a good movie, or some podcast. I love driving, especially in the mountains, so if I'm free I like to go for a drive, train, listen to music. And if I'm at the beach, I love sunbathing and getting a tan

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

I think love, for both, because I have a very intense way of loving, which is beautiful but at the same time makes me very vulnerable, any change in my life in a negative way ends up affecting me a lot for months or even years.

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

There are many places in my life, but probably Switzerland. For the mountains, beautiful landscapes, snow, lifestyle. I'm more into cold and mountains than heat and beach.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up at 6am to go to the gym, come back and have breakfast. Then I write down everything I need to do in my notebook, and if there's a campaign I spend the whole day photographing, and if not I have my day free for myself, where I like to focus on my bikini brand, creative ideas, and I make my lunch, read books, sometimes I get lost in my cell phone hahaha I watch series that I love, or see my friends, I like to record tiktoks sometimes too.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

I've already donated twice, and it was a beautiful feeling to be able to help someone, my sign is Cancer, so I'm very family-oriented, and one day I dream of having my own

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

Chemistry

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I will be happy to be able to help you, I still carry my inner child with me, and it always guides me through life to make the best decisions, and never give up on my dreams. So I hope I can help your dream of being parents come true.

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	Blue	Dark	Fair	5.9	177	Skinny	Graduated	Administration
Mother	Brown	Dark	Olive	5.3	114.6	Skinny	Graduated	Administration
Sister 1	Brown	Light Brown	Fair	5.3	110	Skinny	Graduated	Administration

REPRODUCTIVE HISTORY**AGE AT FIRST PERIOD**

13

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?

Yes

ARE YOU CURRENTLY SEXUALLY ACTIVE?

No

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST SIX MONTHS?

2

ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

No

ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?

Yes

IF YES, WHAT BRAND

Exel Ring

WHEN

Now

DO YOU USE OTHER FORMS OF BIRTH CONTROL

No

HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?

Yes

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:

Sinusitis

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

None

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

Ibuprofen sometimes

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 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

FAMILY MEDICAL HISTORY

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
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BONES, MUSCLES, JOINTS, LIMBS

No

GASTROINTESTINAL SYSTEM

No

NERVOUS SYSTEM, BRAIN, SPINAL CORD

No

BLOOD OR CIRCULATORY SYSTEM

No

RESPIRATORY SYSTEM

Yes

GENITAL/URINARY TRACT

No

METABOLIC (HORMONES, ENZYMES, ETC)

No

DETAILED FAMILY MEDICAL HISTORY

FATHER

- Acne

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

He had acne when he was a teenager

GRANDPARENTS

- Hyperactivity

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My grandfather used to drink a lot, but then he stopped. My grandmother used to be really hyperactive all the time

DONOR RISK ASSESSMENT QUESTIONNAIRE

1. HAVE YOU INJECTED DRUGS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS, INTRAMUSCULAR AND SUBCUTANEOUS INJECTION?

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 UNBANDAGED 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 FOR 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?

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 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

- Brazil

ASIA

- NONE

AFRICA

- NONE

MEDICAL HISTORY

OTHER HEART DISEASE

None

RESPIRATORY (LUNGS)

- Allergies (seasonal)

OTHER BREATHING PROBLEM

None

OTHER KIDNEY 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

PSYCHOLOGICAL (MENTAL)

Other psychological disorder

OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

DONOR ADDITIONAL PHOTOS



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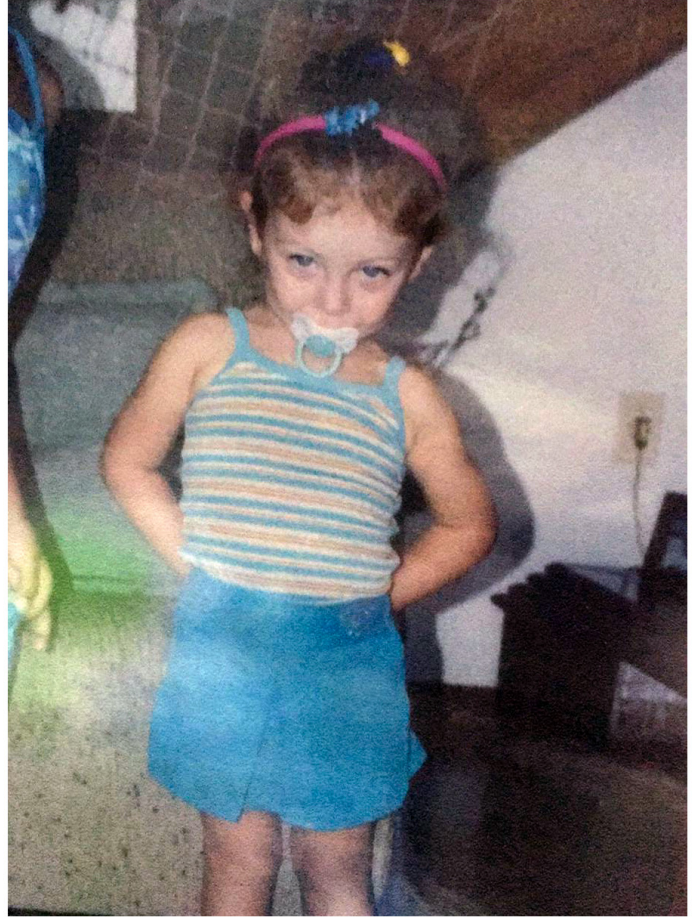
DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS

