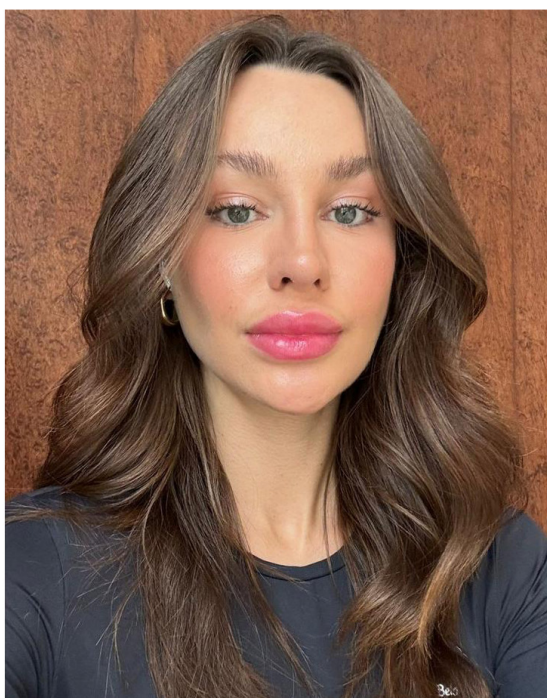


## EGG DONOR INFORMATION



**DONOR ID #4277**

### SHORT BIOGRAPHY:

She's a very energetic type of person, always like to be in movement, with that said her favorite thing to do nowadays is to workout. She loves going out for shopping, going to the movies and also singing and playing instruments in her free time. She works as a model but she's also graduated as flight attendant and already studied physical education, energy engineering and nutrition. She's a person with very strong opinions and a very determined one too.

## DONOR PERSONAL INFORMATION

**Location:** Mexico

**Height:** 5'9

**Year of Birth:** 1999

**Weight:** 130lbs

**Ethnicity:** Eastern European

**Eyes Color:** Blue

**Maternal Heritage:** German

**Natural Hair Color:** Blonde

**Paternal Heritage:** Portuguese and British

## PERSONAL INFORMATION

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

College

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

No

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

None

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

I'm focused on building a stable financial future, which includes supporting my parents, managing my living expenses, saving for my first car and apartment, and continuing my education, all while maintaining a comfortable and balanced lifestyle.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD

Very energetic and exited child. Always on the move and playing around. Sweet kid, I loved to talk with everyone and make new friends.

### DESCRIBE YOUR FAVORITE MEMORY

My favorite memory is when I turned 15. My dad was waiting for me at home with a ring, 15 flowers, and ready to dance to a ball with me. It wasn't a big party, but that moment was one of the most special and joyful experiences of my life.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

Strong personality, always give my opinion and stand by it. I'm a really loyal, honest and fair person. Like to be in the control of the situation.

### WHAT ARE YOYR FAVORITE FOODS?

Sushi, seafood, Italian and salads.

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

Travel, go to the movies and workout as hard as I can.

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

My greatest strength is to be a very determined person, when I decide that I want something, nobody can stop me till I get it. And my weakness is to be anxious sometimes and want to hurry things up.

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

Maldives, because I love to be at the beach and it seems to be the most beautiful place ever

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up and the first thing I do is my breathing exercises. Then I get ready to go to the gym and spend at least 2 or 3 hours there. Then I come home and cook my meal. After that I have some free time to watch a tv show or read a book, or go shopping with my friend After then I wait to see if something from work appears. If it does I work and then go to bed, If not I will probably organize some things at home and get into bed early

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

Because I know I can help people with that and also help myself.

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

Physical education, mathematics and history.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I hope you like my profile, and if you want to know more I'm open to talk. And last but not least I hope your dream came true and concrete, we all deserve to be happy and have our goals reached.

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	Brownish Green	Brown	White	5'7	220 Lbs	Overweight	College Graduate	Lawyer
Mother	Green	Blonde	White	6'0	180 Lbs	Skinny	College Graduate	Business Woman
Brother 1	Green	Blonde	White	6'4	176 Lbs	Skinny	College Student	Student And Scientist

## REPRODUCTIVE HISTORY

### AGE AT FIRST PERIOD

15

### ARE YOUR CYCLES

Regular

### INTERVAL BETWEEN PERIODS

40

### 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?

3

### ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

No

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

No

### DO YOU USE OTHER FORMS OF BIRTH CONTROL

Yes

### IF YES, WHAT TYPE(S)

Condom

### 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:**

Yes, ear plastic surgery

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

Dust

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

Dust

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

Creatin, ioimbina, omega 3

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

Just gastritis medications that I remember: omeprazol, tropinal, magnesia bisurada...

**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?

Yes

WHAT TYPES OF ALCOHOLIC BEVERAGES DO YOU DRINK?

Wine

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?

0

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?

2

HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?

8

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
Paternal Grandmother	81	81	Disease Als
Paternal Grandfather	30	30	Car Accident

## 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

### YOU

Ovarian cysts - Herpes

### DESCRIBE YOUR SELECTED MEDICAL PROBLEM

PCOS and herpes (but it never manifested itself so I never passed it on to anyone)

### MOTHER

Herpes - Arthritis

### DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

Pain in her articulations and herpes

### FATHER

High blood pressure

### DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

High blood pressure cause he's overweight and getting old

### GRANDPARENTS

Skin cancer

### DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

A little dot benign that he took off

### OTHER FAMILY

Skin cancer

### DESCRIBE YOUR OTHER FAMILY'S SELECTED MEDICAL PROBLEM

A little dot benign that my aunt took off

## 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)?**

Yes

**WHAT INFECTION DID YOU HAVE? CHECK ALL THAT APPLY.**

Herpes

**WHEN DID YOU HAVE THE INFECTION?**

2018

**WERE YOU TREATED?**

Yes

**WHAT TREATMENT DID YOU RECEIVE?**

I just have been taught what to do if it manifests some day. Cause mine has never manifested

**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 EVER BEEN TESTED FOR HIV/AIDS?**

Yes

**IF YES - WHEN:**

Beginning of the year I guess

**RESULTS:**

Negative

**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**

Mexico (ANY part of the country)

**THE CARIBBEAN**

NONE

CENTRAL AMERICA

NONE

PACIFIC ISLANDS

NONE

SOUTH AMERICA

Brazil

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

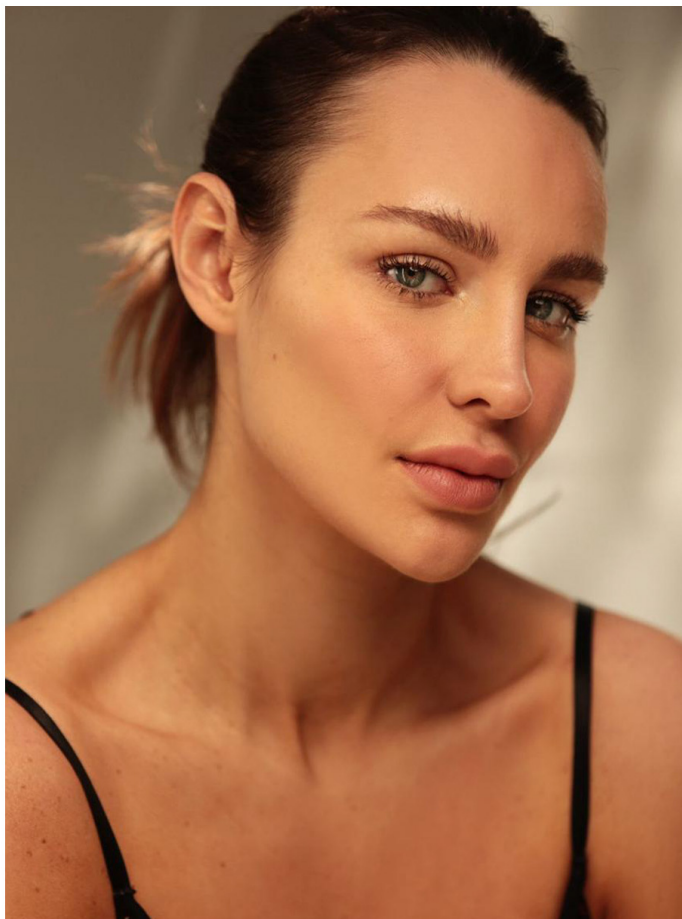
OTHER NEUROLOGICAL DISEASE

None

OTHER PSYCHOLOGICAL DISORDER

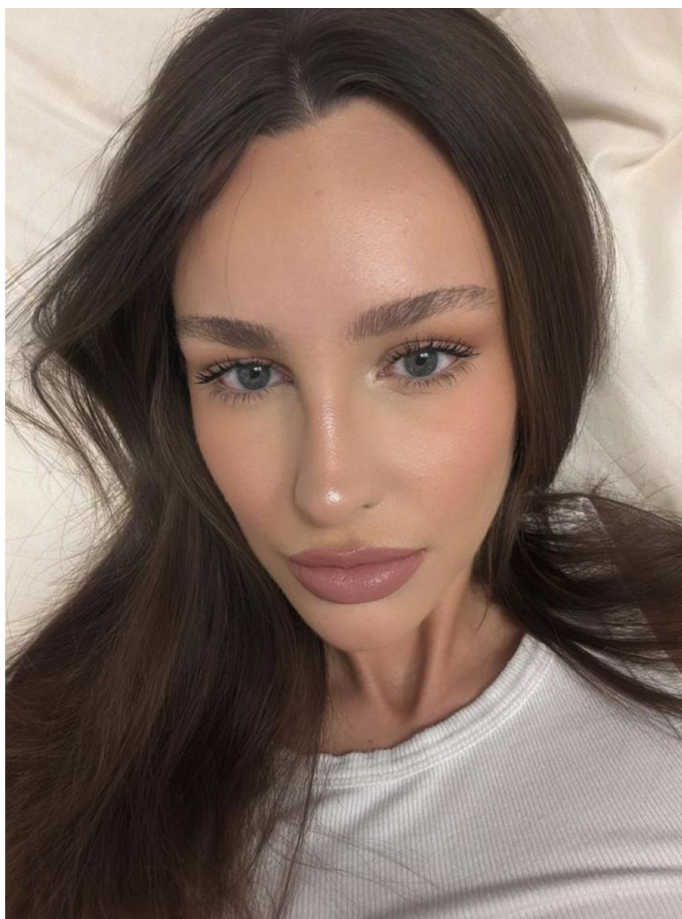
None

## DONOR ADDITIONAL PHOTOS





## DONOR ADDITIONAL PHOTOS





## DONOR ADDITIONAL PHOTOS





## CHILDHOOD ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS





## FAMILY ADDITIONAL PHOTOS

