

## EGG DONOR INFORMATION



**DONOR ID #4293**

### SHORT BIOGRAPHY:

I am a cheerful, determined, creative woman who loves being with people. She considers herself very intelligent and self-taught, always being one of the top students in class and always enjoying studying. The things she doesn't know, she tries to learn on her own.  
She loves animals, crafts, board games, traveling, and video and photo editing.

## DONOR PERSONAL INFORMATION

**Location:** Mexico

**Height:** 5'9

**Year of Birth:** 1998

**Weight:** 121lbs

**Ethnicity:** Caucasian - Eastern European

**Eyes Color:** Green

**Maternal Heritage:** German and Russian

**Natural Hair Color:** Blonde

**Paternal Heritage:** German, Russian, and Polish

## 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:

Condom

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

Today, my goal is to buy my own apartment and car independently, relying only on myself. I enjoy the satisfaction of looking at something and knowing that I achieved it through my effort and dedication.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD

My mother always said that ever since I was little, I was always smiley and would smile at everyone. I remember being quiet and shy, but once I gained confidence, I was the happiest and most joyful of all.

### DESCRIBE YOUR FAVORITE MEMORY

Going camping with my parents and sisters by the river near my city. We did this every summer vacation.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I am calm and loving, determined, and I know what I want and what I don't want. I stay true to the values and upbringing my parents gave me, even if everyone around me is doing otherwise. I am gentle, kind, and polite. I know when to speak and when to listen.

### WHAT ARE YOUR FAVORITE FOODS?

Hamburger (with cheese and salad), eggs with bacon, Brazilian pastel, and rice with beans and steak.

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

Lately, I have been avoiding screens in my free time and have been painting paintings. I have enjoyed creating sculptural paintings.

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

Strengths: determined and persistent. Weaknesses: knowing when to stop being persistent. Understanding that I am a human being who makes mistakes.

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

China, because I am curious to know how other cultures are. Since I was a teenager, I wanted to go to China for work. I couldn't go for work, but I will go for a visit!

### DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up, go to the bathroom to brush my teeth and take care of my needs, then I go to the kitchen to make my breakfast (I never skip this meal, it's the most important to me). After that, I get ready and go to work, have my photoshoot session, come back home, go to the gym, and while doing my cardio, I watch my series. I take a shower and relax by watching something on my phone or painting/editing videos.

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

Because I want to help couples fulfill their dreams of starting a family.

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

Mathematics, physics, and chemistry.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

I am sure that you will be great parents. I am confident that your child will be loved and cared for in the best way possible, in fact, you are already doing that! Congratulations! The decision to have a child is very serious and brave; it is deciding to have a heart outside your body forever.

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     | Brown      | Light           | 6'2    | 190 Lbs | Slim          | University      | Business Owner |
| Mother        | Green     | Brown      | Light           | 5'4    | 114 Lbs | Slim          | College         | Housewife      |
| Sister 1      | Brown     | Brown      | Light           | 5'9    | 120 Lbs | Slim-Athletic | Student         | Student        |
| Sister 2      | Brown     | Brown      | Light           | 5'10   | 119 Lbs | Slim-Athletic | Student         | Student        |

## REPRODUCTIVE HISTORY

### AGE AT FIRST PERIOD

13

### ARE YOUR CYCLES

Regular

### INTERVAL BETWEEN PERIODS

21

### 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?

Yes

### IF YES, WHAT BRAND

Nordet

### WHEN

Now

### 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:**

No

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

Lactose intolerance as an adult.

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

None

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

Hair vitamins and valerian root for sleep.

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

Cold medicine, paracetamol, ibuprofen, expectorant, amoxicillin.

**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 KAPOSÍ 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, champagne, and rum.

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?

2

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               | 60  | -            | Pre-Diabetes.                      |
| Father               | 69  | -            | Hypertension.                      |
| Sister 1             | 42  | -            | Lactose Intolerance In Adulthood.  |
| Sister 2             | 39  | -            | None                               |
| Maternal Grandmother | -   | 63           | Diabetes And Cardiac Arrest.       |
| Maternal Grandfather | -   | 77           | Avc                                |
| Paternal Grandmother | -   | 84           | Old Age With Cardiac Arrest.       |
| Paternal Grandfather | -   | 77           | Cardiac Arrest.                    |

**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**

**MOTHER**

Diabetes Mellitus

**DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM**

Onset of diabetes due to excessive sugar intake in the diet.

**FATHER**

High blood pressure

**DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM**

"High blood pressure" or "hypertension."

**GRANDPARENTS**

Heart attack - Diabetes Mellitus

**DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM**

My maternal grandmother had diabetes, and my paternal grandfather had a cardiorespiratory arrest.

## 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)

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 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

Guatemala

### PACIFIC ISLANDS

NONE

**SOUTH AMERICA**

Brazil

**ASIA**

NONE

**AFRICA**

NONE

**OTHER MEDICAL HISTORY**

**OTHER HEART DISEASE**

None

**OTHER BREATHING PROBLEM**

Allergies (seasonal)

**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**

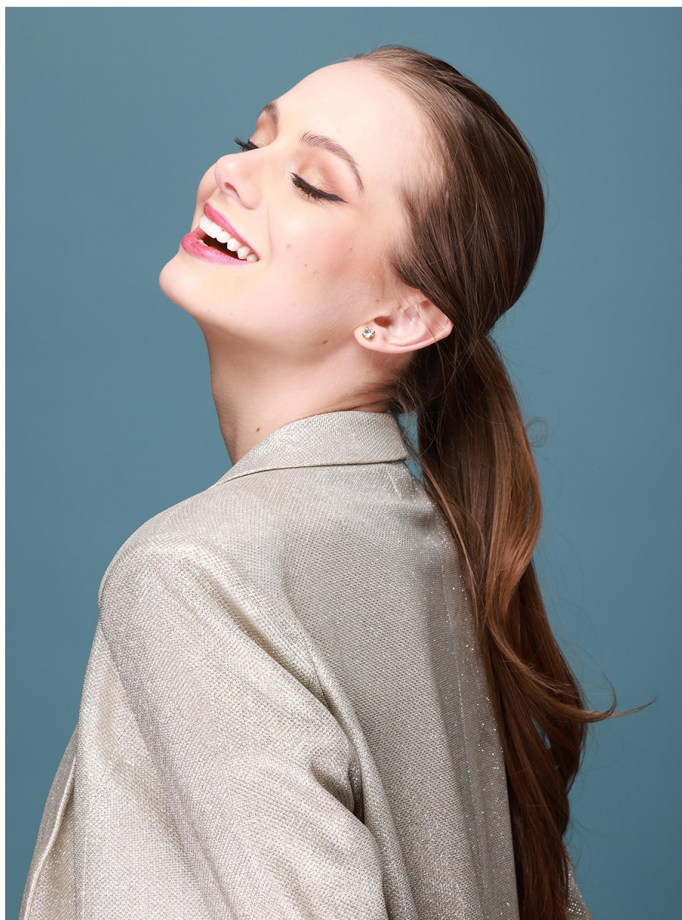
None

**ANY OTHER DISEASE OR DISORDER**

None



## DONOR ADDITIONAL PHOTOS



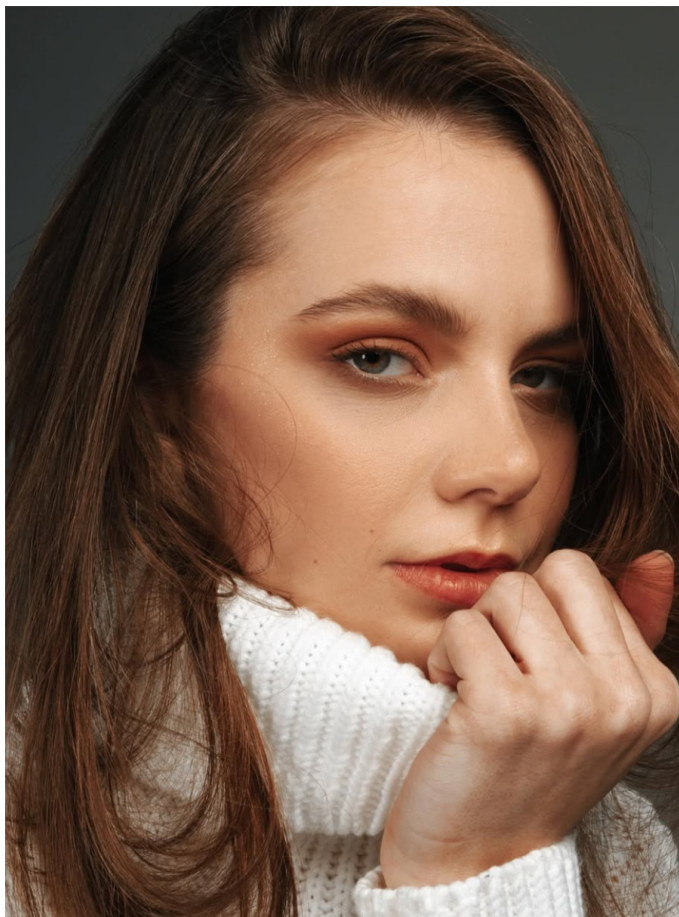


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## CHILDHOOD ADDITIONAL PHOTOS





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