

EGG DONOR INFORMATION



DONOR ID #4362

SHORT BIOGRAPHY:

She is originally from Porto Alegre, in the state of Rio Grande do Sul. Although she holds a law degree, she eventually shifted her career path and found her passion in marketing. She deeply enjoys solitude, being in nature, reading books, and has an insatiable curiosity for learning—regardless of the subject. Throughout her life, she has explored countless hobbies. She's taken ballet and street dance classes, played tennis and swam, and was part of her school's handball and volleyball teams.

DONOR PERSONAL INFORMATION

Location: Brazil

Height: 5' 3"

Year of Birth: 1996

Weight: 112

Ethnicity: Caucasian

Eye Color: Green

Maternal Heritage: Bahamian

Natural Hair Color: Blonde

Parental Heritage: Italian

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:

Yasmin

PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I dream of getting married, having children, and having at least five dogs. One of my biggest goals is to live in a house where I can build an animal shelter or a nonprofit organization in the backyard. I'm absolutely passionate about animals and feel a strong urge to rescue every stray I see on the street.

In the future, I hope to start my own business—ideally something related to art and creativity—even though I'm still figuring out exactly what that will look like.

DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Being an only child, I became very independent from a young age. I used to play by myself a lot and would always bring my own toys—especially my Nintendo DS, a portable game console I took everywhere with me. When I first started school, I didn't really know how to make friends and was quite shy. But over time, I began to open up, and my teachers would often say, "She gets good grades, but she sure loves to talk!"

DESCRIBE YOUR FAVORITE MEMORY.

Since it was just me and my parents at home, the best time of the year was always the July and end-of-year holidays, when I would visit my family in the Bahamas. My mom has five siblings, so the family was big, the house was always full, and I absolutely loved it. Especially at Christmas—everyone gathered around the tree, opening their presents together. Those moments were magical.

DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm shy when I'm in unfamiliar places or around people I don't know well, but when I'm with family and close friends, I never stop talking. I'm someone who values doing things the right way—I'd rather take the long and difficult path than choose the easy shortcut.

WHAT ARE YOUR FAVORITE FOODS?

I love sushi and pasta carbonara,

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

I really enjoy working out. In the city where I live, there are all kinds of physical activities—like yoga, Pilates, strength training, tennis, and more. I also love to read, especially crime and mystery novels. I'm obsessed with Agatha Christie, but I also enjoy self-help books from time to time.

One of my favorite things to do is go to the park with my dog. Honestly, anything that involves my dog makes me happy—I take him everywhere with me. And music is a huge part of my daily life. I do about 90% of everything while listening to music.

WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

My strength is that I'm a great communicator and very observant—I notice many things that most people don't even pay attention to. On the other hand, my biggest challenge is my strong personality and being very much a perfectionist. I tend to put a lot of pressure on myself all the time.

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

I love sushi, so I would love to visit Japan. I want to see the monks, meet the Harajuku girls and their unique fashion in person, explore all the technology and robot exhibitions they have there, eat lots of sushi, and visit the famous street markets. I also want to visit the famous Japanese gardens with their beautiful sakura flowers, see all the

main tourist spots, like the ancient temples and shrines and definitely watch a sumo wrestling match.

DESCRIBE A TYPICAL DAY IN YOUR LIFE.

I wake up between 6:30 and 7 a.m., write in my affirmation journal, drink a full glass of water, turn on some music, and then take a shower. After that, I put on my workout clothes, exercise, and afterward either take my dog for a walk or go for a swim in the heated pool in my building. Then, I have breakfast, read 20 pages of my book, cook my lunch, pack it in a container, and get organized to work. I work from home every day from 11 a.m. until 8 p.m. After work, I take my dog for another walk, have dinner, watch an episode of a series, and then go to sleep.

WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?

Since I work in the field, I speak daily with families seeking help to become parents. I witness all the fragility and challenges they face, and that motivated me to become a donor. I love being able to help them achieve the same dream I have myself—to build a family and have children.

WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?

I loved english, art, and physical education classes.

PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.

Dear Intended Parents,
I want you to know how honored and grateful I am to be part of your journey toward building a family. Becoming an egg donor is a deeply meaningful choice for me because I truly believe in the power of love and the hope of creating new life. I understand the challenges you face, and it is my sincere wish to help you achieve your dream of parenthood.
Thank you for trusting me with this incredible gift.

ARE YOU COMMITTED TO BEING A DONOR?

Totally

DO YOU SMOKE CIGARETTES?

No

FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Brown	Dark Blonde	Very Fair	5'9	163 Lbs	Slim	Bachelor Degree	Plastic Surgeon
Mother	Brown	Black	Medium	5'5	136 Lbs	Medium	Bachelor Degree	Architect And Painter

REPRODUCTIVE HISTORY

AGE AT FIRST PERIOD

12

ARE YOUR CYCLES

Regular

INTERVAL BETWEEN PERIODS

28

HAVE YOU HAD A DIAGNOSIS OF ANY GYNECOLOGICAL PROBLEMS (IE; ENDOMETRIOSIS, PCOS, ABNORMAL PAP SMEARS, ETC.)?

Yes

IF YES, PLEASE DESCRIBE

Ovarian Cyst with 4 mm - under control due to early treatment

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?

Yes

IF YES, WHAT BRAND

Yasmin

WHEN

Since 12 years old

DO YOU USE OTHER FORMS OF BIRTH CONTROL

Yes

IF YES, WHAT TYPE(S)

Condom

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)?

I have hypothyroidism and a history of ovarian cysts.

HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:

Breast augmentation

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

None

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:

I take Synthroid, a birth control pill, a multivitamin, and an omega-3 supplement daily.

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

I occasionally take Ponstan (mefenamic acid) for menstrual cramps, Neosaldina for headaches.

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?

Yes

HAVE YOU EVER ATTEMPTED SUICIDE?

No

FAMILY MEDICAL HISTORY

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
Mother	67	Alive	None
Father	79	Alive	Enlarged Prostate
Maternal Grandmother	69	69	Diabetes
Maternal Grandfather	89	89	Prostate Cancer With Metastasis To Other Organs
Paternal Grandmother	70	70	Pulmonary Emphysema Because Of Cigarette Smoking
Paternal Grandfather	78	78	Pulmonary Emphysema Because Of Cigarette Smoking

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

Yes

METABOLIC (HORMONES, ENZYMES, ETC)

Yes

PLEASE EXPLAIN

My father and my half-sisters on his side have hypothyroidism. I have an ovarian cyst, and my mother had one in the past, but it went away.

DETAILED FAMILY MEDICAL HISTORY**YOU**

- Thyroid disease
- Ovarian cysts

MOTHER

- Ovarian cysts

SIBLINGS

- Thyroid disease

FATHER

- Thyroid disease

DESCRIBE YOUR SELECTED MEDICAL PROBLEM

I have hypothyroidism, an ovarian cyst.

DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM

She had an ovarian cyst, but it went away.

DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM

Has hypothyroidism

DESCRIBE YOUR SIBLINGS'S SELECTED MEDICAL PROBLEM

Has hypothyroidism, siblings on my fathers side

GRANDPARENTS

- Emphysema
- Prostate cancer

DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM

My maternal grandmother died of diabetes, and my maternal grandfather died of prostate cancer. My paternal grandmother and grandfather both died of pulmonary emphysema caused by cigarette smoking.

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?

Yes

10A. DID YOU HAVE A TATTOO OR SCARIFICATION IN THE PAST 12 MONTHS? IF SO, WHEN?

Yes

10B. WERE STERILE INSTRUMENTS USED?

Yes

10C. DID YOU HAVE AN EAR, SKIN OR BODY PIERCING PERFORMED IN THE PAST 12 MONTHS? IF SO, WHEN?

Yes

10D. WERE STERILE INSTRUMENTS USED?

Yes

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)?

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)?

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?

Yes

IF YES - WHEN:

Ano passado

RESULTS:

Negativo

HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?

Yes

IF YES - WHEN:

Covid vaccination

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

- Tattoos
- Body piercing

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

OTHER BREATHING PROBLEM

None

OTHER KINDNEY PROBLEM

None

OTHER BLADDER PROBLEM

None

OTHER GI DISEASE

None

OTHER MUSCULOSKELETAL DISEASE

None

ENDOCRINE (HORMONES)

Thyroid disorder

OTHER HORMONAL DISEASE

None

REPRODUCTIVE (UTERUS, OVARIES)

Ovarian cysts

OTHER REPRODUCTIVE DISEASE

None

OTHER BLOOD DISEASE

None

OTHER EYES, EARS, AND SKIN DISEASE

None

OTHER NEUROLOGICAL DISEASE

None

PSYCHOLOGICAL (MENTAL)

Anxiety

OTHER PSYCHOLOGICAL DISORDER

None

ANY OTHER DISEASE OR DISORDER

None

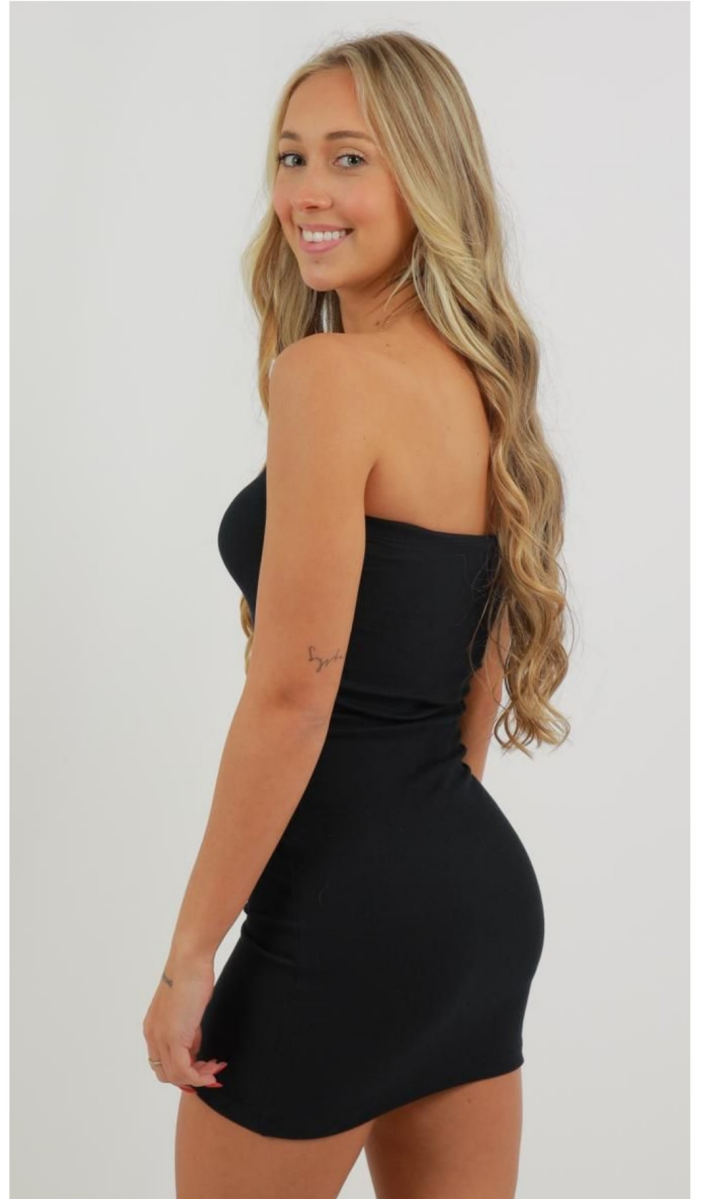
DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



DONOR ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



CHILDHOOD ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS



FAMILY ADDITIONAL PHOTOS

