



Donor Code: CD1146

Eye Color

Blue

Hair Color

Blond

Height

172 cm

Ethnicity

Polish /Italian

Blood Type

Education

Advance Degree

Donor Location

Brazil

Willing to Travel Out of State?

Date of Birth

08/20/1997

















Date of Birth: 20/08/1997

Height: 1,72

Hair Color: BLOND

Ethnic Origin: POLISH /ITALIAN

Weight (lbs): 52 KG

Eye Color: BLUE

Maternal Heritage: POLISH

Paternal Heritage: ITALIAN/BRAZILIAN

Blood Type:

Highest Level of education

College Major

What was your college GPA?

What college(s) or university(ies) have you attended? FINANCE UNIVERSITY IN LONDON

Do you have any artistic abilities? Please List: I AM GREAT DESIGNER

Do you have any athletic abilities? Please list: YOGA

What is your current occupation? TRADE TRANSLATOR, MODEL AND ACTOR

Please describe your personality: VERY FRIENDLY PERSON, I LOVE HELP OTHERS, I BELIVE THAT EVERYTHING WE'VE DONE COMES BACK TWICE, SO A TRY EVERY DAY TO KNOW MORE ABOUT MYSELF AND DO MY BEST.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? NO

Have you worn braces? NO

Why do you want to become a donor? I BELIEVE THAT A CHILD MAKES A STRONGER FAMILY, HAULS TO AN ETERNITY, AND I IKNOW THAT IS THE POSSIBILITY WITH A SIMPLES GESTURE I DO TO HELP A FAMILY GROW UP MAKES ME VERY HAPPY.

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process? YES

**Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?
If no, please explain.**

If they request it, are you willing to meet your intended parents? NO

Are you open to meeting the child in the future if that is requested? NO

Are you open to exchanging future contact information with your intended Parents(s)? NO

Where did you grow up? PORTO ALEGRE / BRASIL

Do you have any siblings? If so, tell us about each of them: NO

Do you have any children? If so, tell us about each of them: NO

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list: NO

Do you drink alcohol? If yes, how many drinks per week? NO

Have you ever been pregnant? If yes, how many times and what was the outcome? NO

Have you ever been a donor before? If yes, did a pregnancy occur? YES I DONATED ONE TIME .

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? NO

Are you taking any recreational drugs? If yes, what are you taking? NO

Do you smoke? NO

Are your menstrual cycles regular? If no, please explain: YES

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes No		Yes No		
Mental Retardation	Yes No		Yes No		
Autism / Asperger's	Yes No		Yes No		
Physical Malformation	Yes No		Yes No		
Paralysis or crippling disorders	Yes No		Yes No		
Alcohol or Drug Addiction	Yes No		Yes No		
Cystic Fibrosis	Yes No		Yes No		
Sickle Cell Anemia	Yes No		Yes No		
Lupus	Yes No		Yes No		
Miscarriages, still births, neonatal deaths	Yes No		Yes No		
High blood pressure, heart attacks or strokes	Yes No		Yes No		
Memory loss or dementia	Yes No		Yes No		
Osteoporosis	Yes No		Yes No		
Arthritis	Yes No		Yes No		
Allergies	Yes No		Yes No		
Blood diseases	Yes No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes No		Yes No		
Thyroid issues	Yes No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Learning disabilities	Yes No		Yes No		
Seizure or epilepsy	Yes No		Yes No		
Depression	Yes No		Yes No		
Panic attacks	Yes No		Yes No		
Schizophrenia	Yes No		Yes No		
Bipolar Disorder	Yes No		Yes No		
ADD or ADHD	Yes No		Yes No		
Age-related issues	Yes No		Yes No		
Kidney problems / diseases	Yes No		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes No		Yes No		
Vision/Sight/Eye Problems	Yes No		Yes No		