ACRC Global
Angels Creation Reproductive Center

(Donor 185)

Introduction

Year of Birth:
2001

Height (m):
1.70

Weight (kg):
60

Hair Color:
Waivy Brown

Eye Color:
Brown

Ethnic Origin:
Brazilian/Spanish

Maternal Heritage:
Brazilian

Paternal Heritage:
Brazilian/Spanish

Blood Type:
O+

Photos





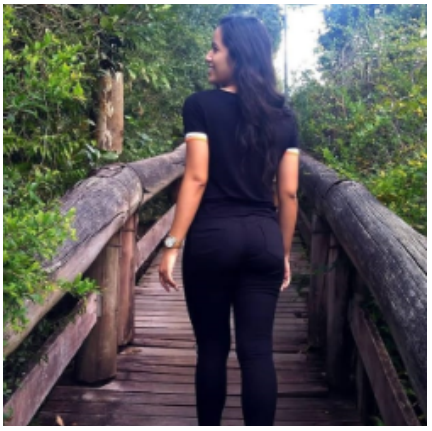


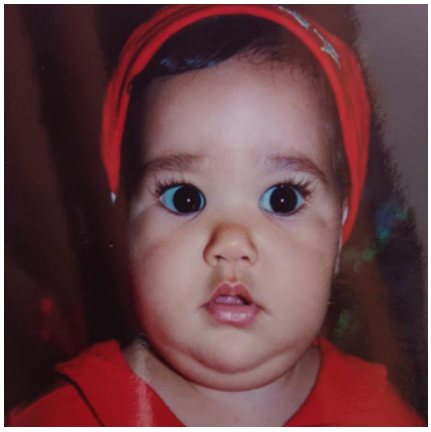








BRASIL DO PAÍS AMERICANAS 2024
BEST MODEL 2024




Highest Level of education: Management with specialization in Occupational Safety

What was your college GPA? 8

What college(s) or university(ies) have you attended?
Santana University (Unisantana)

What is you current occupation? Model, student and Miss.

Please describe your personality: Cheerful, determined and communicative.

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 know how important it is for some women to be mothers and being able to help them is gratifying for me.

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? Yes.
If no, please explain.

Where did you grow up? Brazil, Bahia.

Do you have any siblings? If so, tell us about each of them: Yes. I have 2 brothers, we get along very well and I have a lot of fun with them.

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 de- fects, 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 out- come? No.

Have you ever been a donor before? If yes, did a pregnancy occur? No.

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.

Family Medical History

Note: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program.If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History

Biological Family Member	Sex	Age	Height (m)	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	41	1.80	Brown	Brown		No	Businessman
Mother	F	41	1.70	Brown	Brown	University	No	Biomedical
Paternal Grandmother	F	70	1.60	Brown	Brown		No	Retired
Paternal Grandfather	M						Yes	
Maternal Grandmother	F	72	1.62	Brown	Brown		No	
Maternal Grandfather	M						Yes	
Sibling	M	17	1.85	Brown	Brown		No	Student
Sibling	M	10	1.40	Brown	Brown		No	Student

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	No	No	No	No	No
Mental Retardation	No	No	No	No	No
Autism / Asperger's	No	No	No	No	No
Physical Malformation	No	No	No	No	No
Paralysis or crippling disorders	No	No	No	No	No
Alcohol or Drug Addiction	No	No	No	No	No
Cystic Fibrosis	No	No	No	No	No
Sickle Cell Anemia	No	No	No	No	No
Lupus	No	No	No	No	No
Miscarriages, still births, neonatal deaths	No	No	No	No	No
High blood pressure, heart attacks or strokes	No	No	No	No	No
Memory loss or dementia	No	No	No	No	No
Osteoporosis	No	No	No	No	No
Arthritis	No	No	No	No	No
Allergies	No	No	No	No	No
Blood diseases	No	No	No	No	No
Diabetes (Specifically Type 1 or Type 2)	No	No	No	No	No
Thyroid issues	No	No	No	No	No
Learning disabilities	No	No	No	No	No
Seizure or epilepsy	No	No	No	No	No
Depression	No	No	No	No	No
Panic attacks	No	No	No	No	No
Schizophrenia	No	No	No	No	No
Bipolar Disorder	No	No	No	No	No
ADD or ADHD	No	No	No	No	No
Age-related issues	No	No	No	No	No
Kidney problems / diseases	No	No	No	No	No
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No	No	No	No	No
Vision/Sight/Eye Problems	No	No	No	No	No