



**ACRC Global**  
Angels Creation Reproductive Center



(Donor 383)

## Introduction

**Year of Birth:**  
1994

**Height (m):**  
1.66

**Weight (kg):**  
56

**Hair Color:**  
Light Brown

**Eye Color:**  
Light Brown

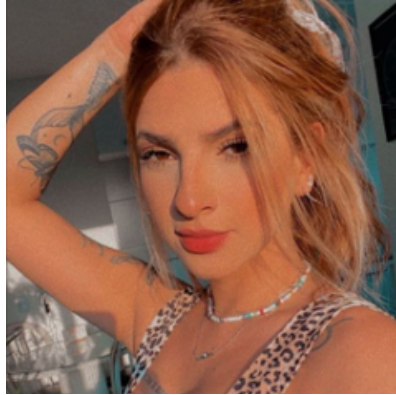
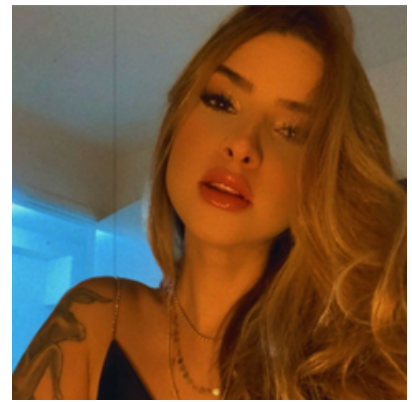
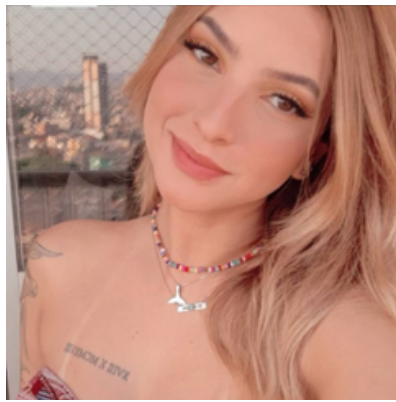
**Ethnic Origin:**  
Brazilian/Italian

**Maternal Heritage:**  
Brazilian/Italian

**Paternal Heritage:**  
Brazilian

**Blood Type:**  
O+

# Photos





**Highest Level of education:** University

**College Major:** College Major of Journalism

**What was your college GPA?** 9

**What college(s) or university(ies) have you attended?**

Universidade Federal de Santa Catarina (UFSC)

**What is your current occupation?** Journalist.

**Please describe your personality:** I am very focused on my goals and I spare no effort to achieve my goals. I like to help people and bring information and knowledge. I am sincere and objective. I love nature and contemplating everything in it.

**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?** For empathy, for being able to help in this noble goal.

**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, Santa Catarina.

**Do you have any siblings? If so, tell us about each of them:** Not. I'm the only daughter.

**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? Very rarely, and only on special and festive occasions.**

**Have you ever been pregnant? No. If yes, how many times and what was the out-come?**

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

**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	52	1,82	Light Brown	Brown	Bachelor's Degree	No	Dentist
Mother	F	49	1,65	Light Brown	Blonde	Bachelor's Degree	No	Therapist
Paternal Grandmother	F	74	1,60	Light Brown	Brown		No	Housewife
Paternal Grandfather	M	76	1,80	Brown	Brown		No	Farmer
Maternal Grandmother	F	77	1,60	Green	Blonde		No	Farmer
Maternal Grandfather	M	78	1,75	Light Brown	Brown		No	Farmer

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