



ACRC Global
Angels Creation Reproductive Center



(Donor 35)

Introduction

Year of Birth:
1996

Height (m):
1.72

Weight (kg):
64

Hair Color:
Blond

Eye Color:
Hazel

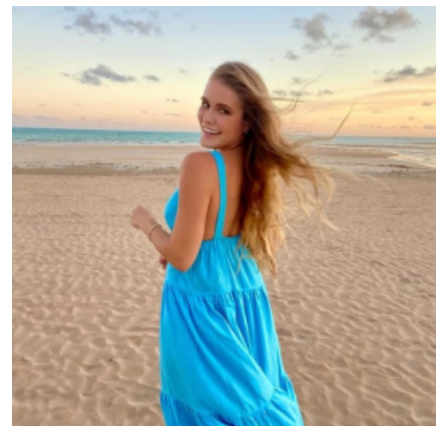
Ethnic Origin:
Brazilian

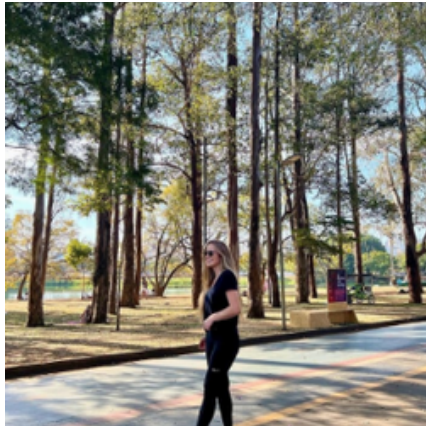
Maternal Heritage:
Brazilian, Italian, Spanish

Paternal Heritage:
Brazilian, Lebanese, Spanish

Blood Type:
B+

Photos





Highest Level of education

College Major Digital Marketing and Financial Marketing

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

Universidade Estácio de Sá

Do you have any artistic abilities? Please List:

Model, actress, drawing, screenwriter

Other language: english

Do you have any athletic abilities? Please:

I practiced volleyball in a professional way.

Others: swimming, handball, futsal, basketball, muay thai, aikido, judo.

What is your current occupation?

I am the CEO of a marketing agency (Digital Marketing) and founder of a clothing company in Brazil. I also work as an influencer and content creator for the financial market.

Please describe your personality:

I am a quiet person who takes care of health and quality of life. I do check up every month with an endocrinologist/ sports medicine and practice physical exercise every day.

I don't use drugs or smoke. I drink socially.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

No.

Have you worn braces?

Yes.

Why do you want to become a donor?

To help families make their dream come true. Today, I already know how the process works and how rewarding it is to have a family. It is also my dream to build one of my own in the future.

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.

Yes.

I

Where did you grow up?

Brazil, Florianópolis, Santa Catarina.

Do you have any siblings? If so, tell us about each of them:

Yes, A man, twins.

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:

Breast prosthesis, only for esthetics

Do you drink alcohol? If yes, how many drinks per week?

Yes, once or twice a month, only wine

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. Yes.

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

I make hormonal regulation with sports medicine, in some cycles change dates.

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	56	1,89	Brown	Brown	Doctorate	Yes	Civil Engineer and Entrepreneur
Mother	F	54	1,70	Brown	Brown	Bachelor's Degree	No	Teacher
Paternal Grandmother	F	95	1,65	Blue	Brown	Bachelor's Degree	No	Retired Teacher
Paternal Grandfather	M	95	1,87	Brown	Brown	Master's Degree	Yes	Civil Engineer
Maternal Grandmother	F	95	1,68	Blue	Blond	Bachelor's Degree	Yes	Fashion Seamstress/dressmaker
Maternal Grandfather	M	90	1,88	Brown	Red	Doctorate	Yes	Doctor
Sibling	M	21	1,87	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