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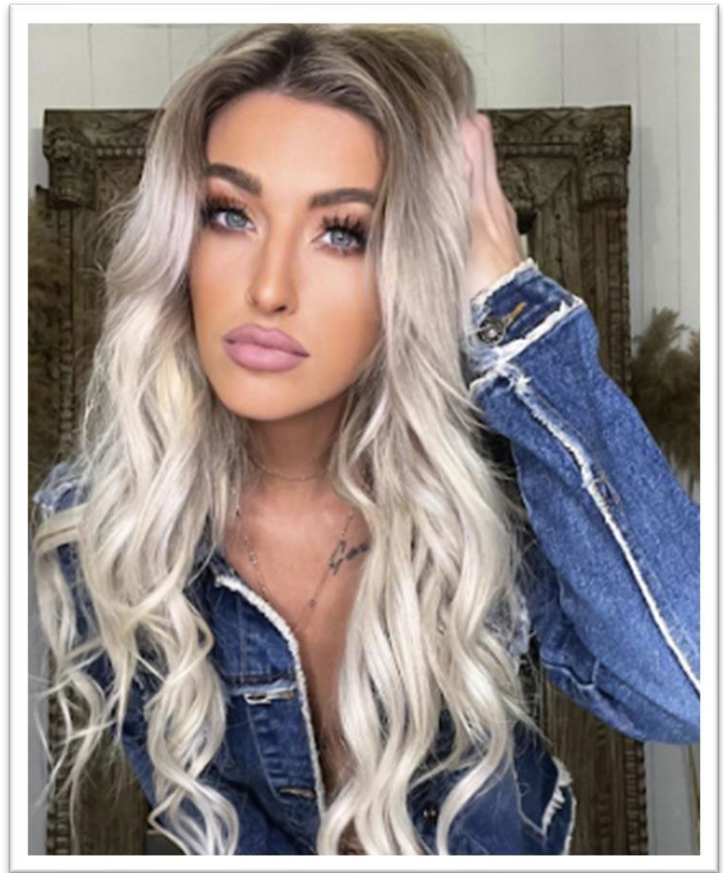
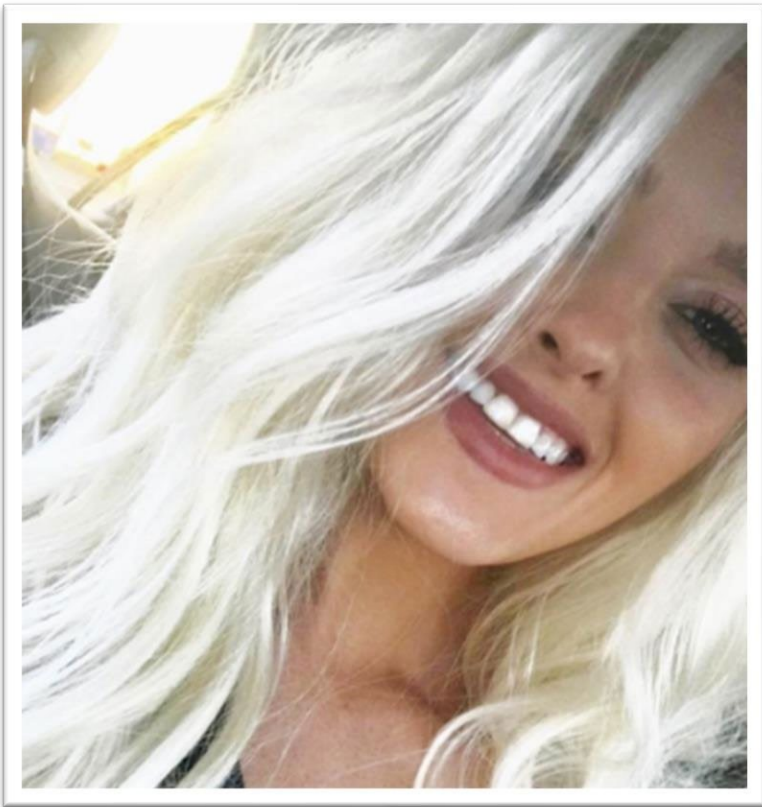
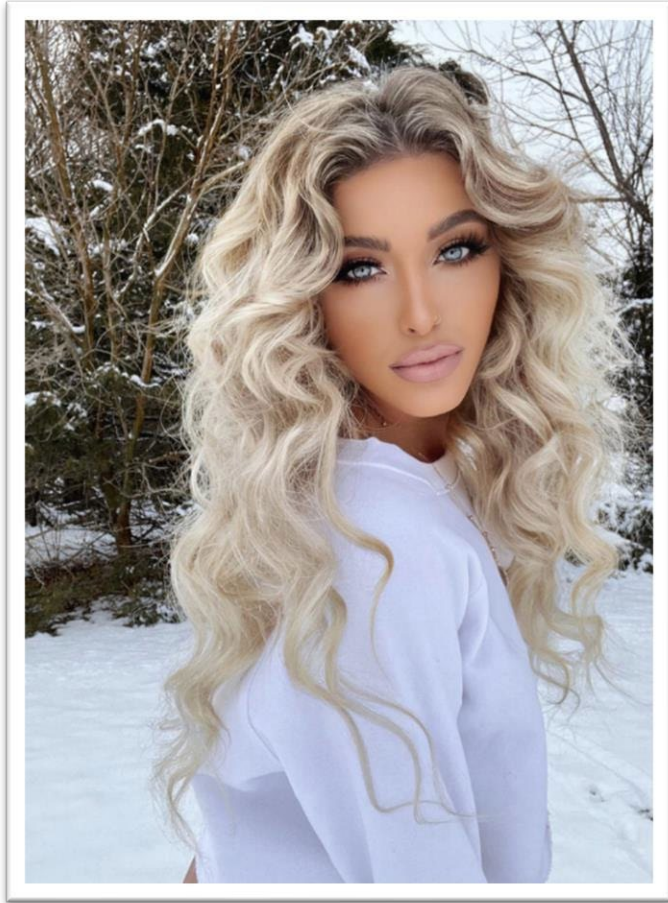
Eye Color		Hair Color		Height	
Blue		Blonde		5'4	
Ethnicity		Blood Type		Education	
Caucasian		O		High School	
Donor Location		Year of Birth			
KS, USA		1992			

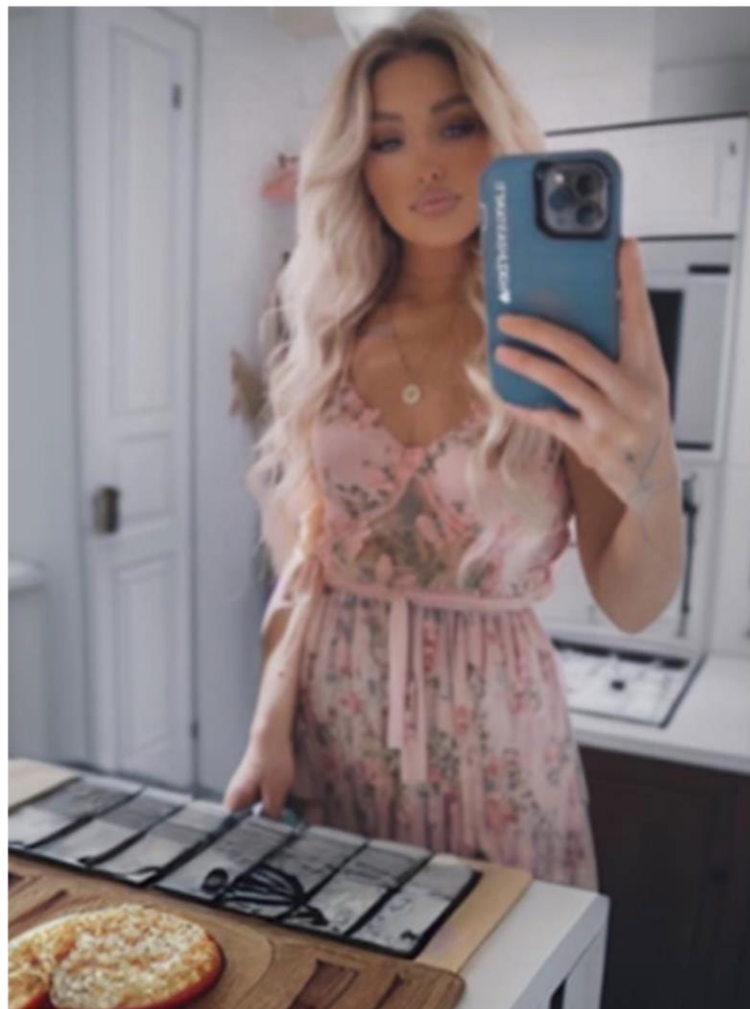


ENDO FERTILITY
A journey we'll take together









Physical Information

Eye

Color

Blue

Natural Hair Color

Blonde

Natural Hair Type

Curly

Corrective Dental

No

Vision

Good

Complexion/Skin Tone

Fair

What is your occupation?

Business Owner – Flower Shop

Do you have any musical talents? If any, please list.

No

Do you have any artistic abilities? If any, please list.

Creative and do art projects.

Do you play sports or exercise?

Exercise, weightlifting, and cardio.

How often do you exercise?

6 days per week

Please describe your athletic abilities. Athletic, runner, and gym.

Please describe your personality.

I can be shy, but outgoing, enjoy the simple things in life.

Please describe your hobbies.

Gardening, reading, writing, and Fishing.

Education Information

Highest level of education completed.

High School

Do you have any college background?

Yes

College Details

Institution	Location	Degree	Majors
Goddard	USA		Biology

Reproductive Information

Have you ever been pregnant?

Yes

Number of Children, if any.

3

Current method of birth control.

None

How often do you get your menstrual period?

Once per month

Have you ever had an abortion, miscarriage, or ectopic pregnancy?

No

Personal Health and Medical Information

Overall health condition

Excellent

Date of your last pap smear. (If none put N/A)

2022-10-04

What were the results of your last pap smear? Normal

Are you adopted?

No

If so, do you have your biological parents' information?

N/a

Do you have or have you ever had a serious health problem?

No

Are you currently treating any diseases? If so, please list.

No

Have you ever had any surgery (medical, dental or plastic/cosmetic)?

Yes, 3 C-Sections

Have you taken any medications within the past 12 months?

No

Have you ever been diagnosed with cancer?

No

Do you have any birth defects?

No

Have you ever had any STI/STDs?

No

Have you ever had syphilis or gonorrhea?

No

Have you ever had hepatitis B or C?

No

Have you ever had a blood transfusion?

No

Have you ever been rejected for a blood transfusion?

No

Have you ever had serious mental health issues?

No

Do you have any allergies?

Yes

Do you drink coffee? How often (daily or weekly)?

Yes, once per week.

Do you drink alcohol? How often (daily or weekly)?

No

Do you smoke, vape, or use marijuana? How often (daily or weekly)?

No

Have you had a tattoo within the past 6 months?

No

Have you had a piercing within the past 6 months?

No

How is your hearing without a hearing aid?

Good

Have you ever had any complications with anesthesia?

No

Have you had any shots or vaccines given in the last 12 months?

No

Have you ever taken anti-malarial drugs or had malaria?

No

Family History

Have you or your immediate family suffered from infertility?

No

Does your family have twins or triplets?

No

Have any of your family members ever had a serious illness?

No

Have any of your family members ever had a serious mental illness?

No

Do you or any of your family members have genetic disorders ?

No

Genetic Information - Family

Please tell us some basic details about your biological mother.

Age and Health Status

48 - Good

Height

5'8

Weight

100

Hair Color

Blonde

Eye Color

Brown

Education & Occupation

High School Business Owner

Please tell us some basic details about your biological father

Age and Health Status

61- Good

Height

6'0

Weight

190

Hair Color

Blonde

Eye Color

Blue

Education & Occupation

College Business Owner

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	Deceased	Deceased	80	81
Height	5'6	5'11	6'0	5'8
Weight	N/A	N/A	150	190
Hair Color	Blonde	Blonde	Blonde	Black
Eye Color	Blue	Blue	Blue	Brown

Egg Donation History

Why do you want to become an egg donor?

To help another family fulfill their dreams of becoming parents.

If you could send a message to the Intended Parents. What would you say?

That I am so excited to be a part of this journey with you!

What kind of contract do you want to sign with your prospective parents?

Anonymous

Have you donated eggs in the past?

Yes

Please list the date

9/18/2024

Name of the clinic

Endo Fertility

Number of eggs retrieved.

19