











Basic Information:

Date of Birth:	04/04/1993
Height:	5'7
Weight (lbs):	120
Hair Color	Auburn
Hair Type	Wavy
Eye Color	Brown
Ethnic Origin	Caucasian-- English, Irish, Norwegian
Blood Type:	O
Location:	Arizona, USA

Education, Career and Personality:

Highest level of education:	College– Bachelor's degree
College graduation:	Yes
What college(s) or university(s) did you attend?	Arizona State University
Major?	Broadcast Journalism and Applied Biological Sciences
GPA	3.8
Do you have any artistic skills? Please list.	Photography
Do you have any athletic ability? Please list.	<p>I participated in varsity sports throughout high school and have always been very active, with my favorites being cross country, running and basketball.</p> <p>Nowadays, I attend hot yoga classes six days a week and lift weights twice a week.</p>
Do you have any musical talents? Please list.	Guitar, Singing
Please describe your hobbies or what you do in your spare time.	<p>In my spare time I am involved with local animal rescues as both a volunteer and foster. I also enjoy taking my own pets to the beach or on scenic hikes.</p>
What is your current occupation?	Business Owner
Describe your personality?	<p>I'm a good listener and an involved conversationalist with a determined spirit. I am extremely organized as well as creative.</p> <p>I would also describe myself as goal and growth-oriented.</p>

Egg Donation:

Why do you want to become a donor?	I have donated my eggs twice before with a successful outcome for each couple. As an adopted child, it's a cause that is near and dear to my heart. It's a privilege to be able to help caring parents bring a child into the world, especially as someone who has learned the importance of creating your own family, biological or otherwise.
Have you ever donated your eggs?	Yes, I donated my eggs 2x. 08/2022: 14 eggs, 8 embryos 02/2023: 13 eggs, 8 embryos
Do you have kids? 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:	Yes, a ganglion cyst removed in 2009 (right wrist)
Do you drink alcohol? If yes, how many drinks per week?	Once a month
Have you ever been pregnant? If yes, how many times and what was the result?	No
Have you ever been a donor before? If yes, did a pregnancy occur?	Yes, I've been a donor. No pregnancy
Are you taking any medications (for physical or mental health)? If so, what medications are you taking 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 not, explain.	Yes
Do you wear or did you wear glasses? If so, at what age did you start using them?	No
Have you ever had braces, fillings or crowns?	No

Family Medical History:

Note: Medical history will be verified. Anything purposely 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	Eye Color	Hair Color	Deceased
Father	M	46	6'0	Brown	Brown	No
Mother	F	46	5'5	Green	Blonde	No
Paternal Grandmother	F	73	5'5	Brown	Brown	No
Paternal Grandfather	M	75	5'7	Brown	Brown	No
Maternal Grandmother	F	71	5'6	Blue	Blonde	No
Maternal Grandfather	M	74	6'2	Blue	Brown	Yes