

Taila

Date of birth 08/04/1993

A Hight

Blood type

Ever donated eggs

Date of Birth or Age

08/04/1993

生日/年龄

Height 180cm

身高

Weight 59kg

体重

Hair Color Blonde 金色

发色

Eye Color Blue 蓝色

瞳色

Ethnic Origin German/Italy 德国/意大利

种族

Ethnic of Mother Italy

母亲种族

意大利

德国

Ethnic of Father German

父亲种族

ệ种族

Highest Level o

of Universidade Paulista

保利斯塔大学

education and Major

最高接受教育程度/专业

Body Type O

血型

Current Living County Brazil/ Carazinho

现居地 巴西

What is your current occupation?

当前职业 模特

Do you wear or have you worn Yes

eyeglasses?

是否近视

Have you worn braces? NO

是否戴着牙套 否

Where did you grow up? Brazil/ Carazinho

成长地点 巴西

Single **Marital Status**

婚姻状况 单身

Describe your personalities Adventurous, strong

请自我描述 willed, empathetic, passionate

Model

是

冒险、意志坚强、富有同情心、充满激情

为何要捐卵

Why do you want to become a donor? Because I would love to help some family to fulfill their dream of having a child.

想帮助有需要的家庭

Being a donor is a big responsibility. It requires going to several YES doctor's appointments, taking injections and having minor 是 out-patient surgery. Do you feel prepared to commit to this process?

您是否可以配合完成所有的预约,注射及门诊手术过程

Are you open to being matched with all types of families YES regardless of sexual preference, marital status, ethnicity or sex of 是 the egg recipient?

您是否愿意匹配所有家庭类型,无论性取向、婚姻状况、种族或性 别

If they request it, are you willing to meet your intended parents? NO 如果受捐赠者要求见面,您是否可以 否

Are you open to meeting the child in the future if that is requested? NO 如果未来孩子要求与您见面,是否可以 否

Are you open to exchanging future contact information with your NO intended Parents(s)?

否
您是否愿意与受捐赠者交换联系信息

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

WES
是否有兄弟姐妹,如果有,请列出

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

NO
是否有孩子,如果有,请列出

否

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list: 任何过去或现在的医疗问题(包括手术、事故、先天缺陷、抑郁等),如果有,请列出	NO 否
Do you have any known genetic disorders?	NO
是否有已知的家族遗传疾病	否
Do you drink alcohol? If yes, how many drinks per week?	NO
是否饮酒?如果有,每周多少杯?	否
Do you smoke?	NO
是否吸烟	否
Have you ever been pregnant? If yes, how many times and what was the outcome?	NO
是否有孕史?如果有,几次,结果如何?	否
Have you ever been a donor before? If yes, did a pregnancy occur? 是否曾经捐卵?如果有,是否受孕?	Yes 是 09/2023 USA 24 颗
Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? 是否正在用药(物理或心理)?如果有,请列出药物及用药原因	NO 否
Are you taking any recreational drugs? If yes, what are you taking?	NO
是否服用任何兴奋剂?(如果是,请列出)	否
How often do you exercise? 健身频率	Five times a week

一周5次

死亡

	Father	Mother	Paternal grandfath	Paternal grandmot	Maternal grandfath	Maternal grandmot
	父亲	母亲	er 祖父	her 祖母	er 外祖父	her 外祖母
Age 年纪	66	68	65	68	52	74
Height 身高	186cm	168cm				
Occupation 职业	master builder 建筑师	teacher 教师	farmer 农夫	farmer 农夫	Farmer 农夫	Farmer 农夫
If			Deceased	Deceased	Deceased	Deceased
Deceased						
死亡						
	Sibling #1 兄弟姐妹	Sibling #2 兄弟姐妹				
Age 年纪	35	33				
Height 身高	180cm	177cm				
Occupation 职业	designer 设计师	teacher 教师				
If						
deceased						

Disorder	Family member	Disorder	Family member	
疾病	家庭成员	疾病	家庭成员	
Cancer	NO —	Kidney Diseases	NO	
癌症	否	肾脏疾病	否	
Mental Retardation	NO —	Bipolar Disorder	NO —	
精神发育迟滞	否	双相情感障碍	否	
Austism	NO _	Cardiopathy	NO —	
自闭症	否	心脏病	否	
Physical Malformation	NO	Hay Fever/Allergy	NO	
身体畸形	否	花粉症/过敏	否	
Cystic Fibrosis	NO ADD-ADHD	ADD-ADHD	NO	
囊性纤维化	否	多动症	否	
Lupus	NO	Anemia	NO	
狼疮	否	贫血	否	
High Blood Pressure	NO	Birth Defects	NO	
高血压	否	先天缺陷	否	
Memory loss	NO	Blind	NO	
失忆症	否	眼盲	否	
Depression	NO	Blood Transfusion	NO	
抑郁症	否	输血障碍	否	
		Canavan's Disease	NO	
		海绵状脑白质营养不良症	否	





















