



# ACRC Gametes Donation

ACRC Global Fertility Holding Group

# CD1133

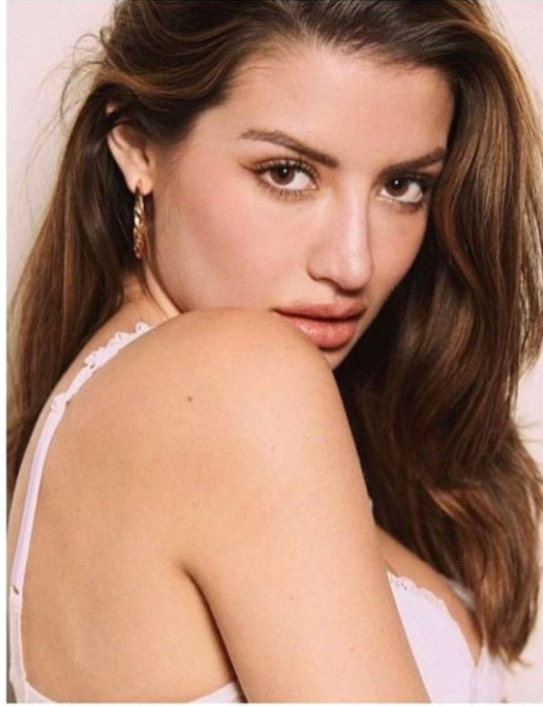


## **SUMMARY:**

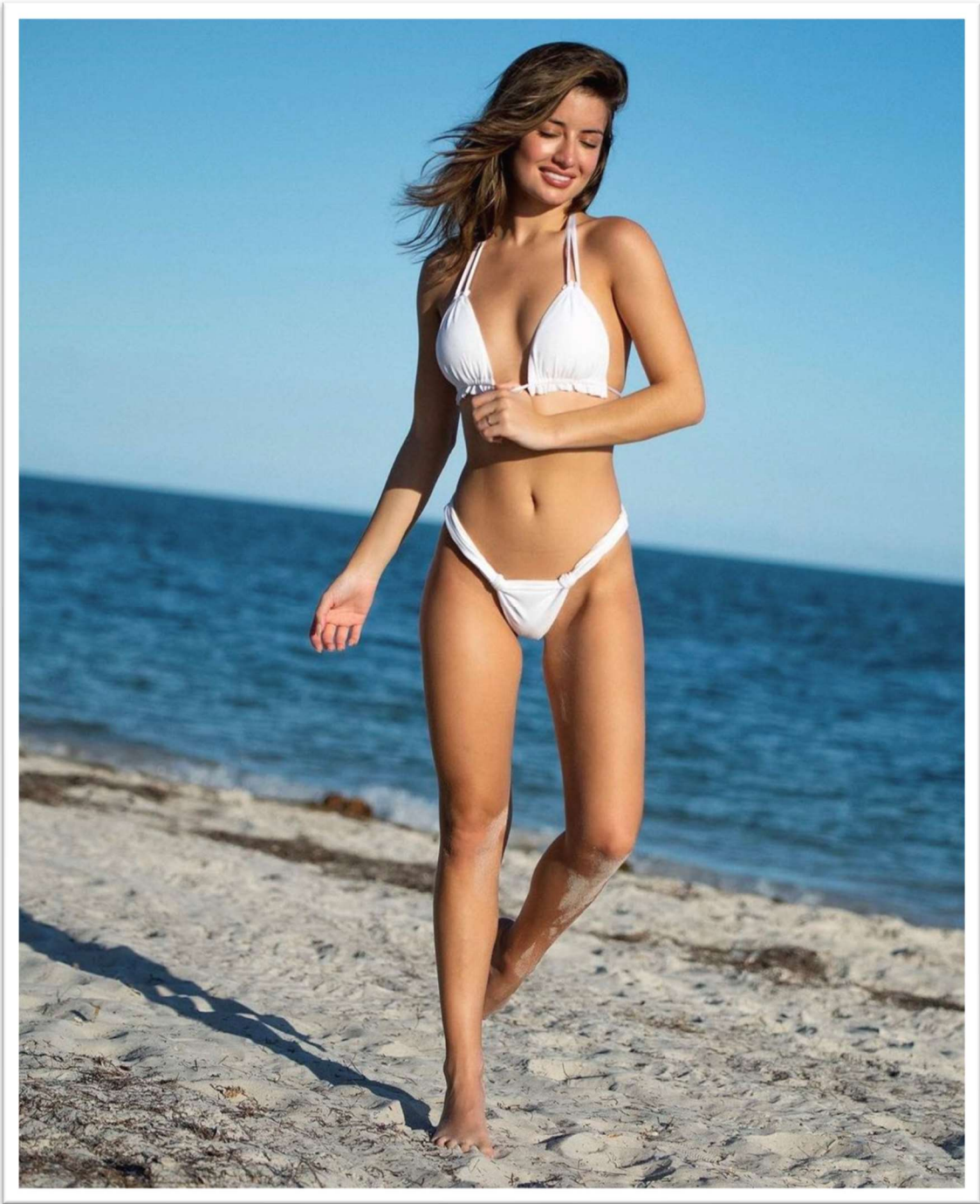
- Location: USA
- DOB: 12/16/1998
- Ethnicity: Italian & Venezuelan
- Height: 171cm or 5'7 1/2
- Weight: 50kg or 111 lbs
- Eye Color: Brown
- Hair Color: Light Brown
- Blood Type: ORH+
- Education: College
- Occupation: Entrepreneur & Model
- Education Egg Donor Experience:  
1x experienced  
06/2023: 21 eggs retrieved. 16 mature.

## **HEALTH:**

- Any serious illnesses? No
- Any medications? No
- Smoke? No
- Alcohol? No

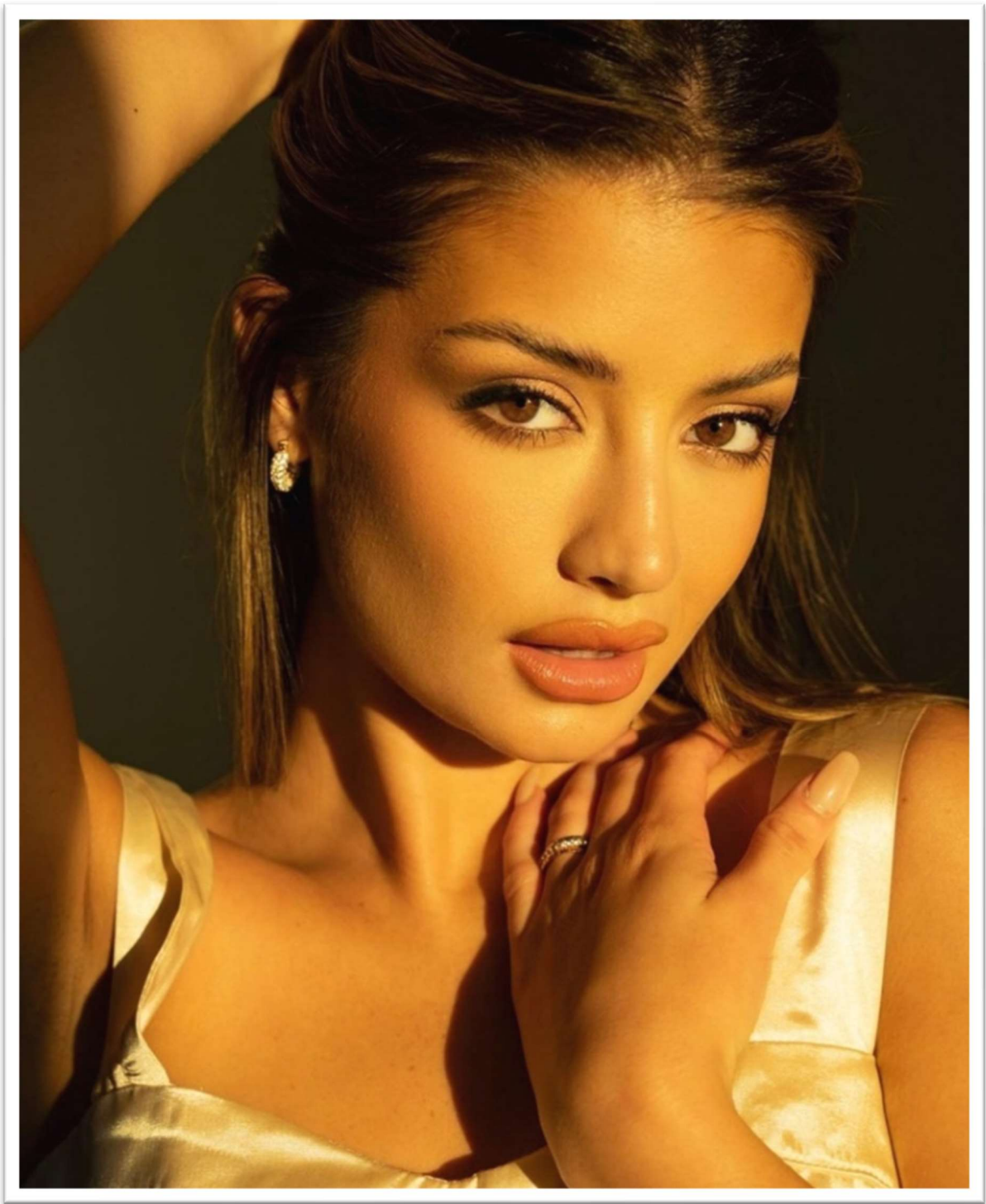






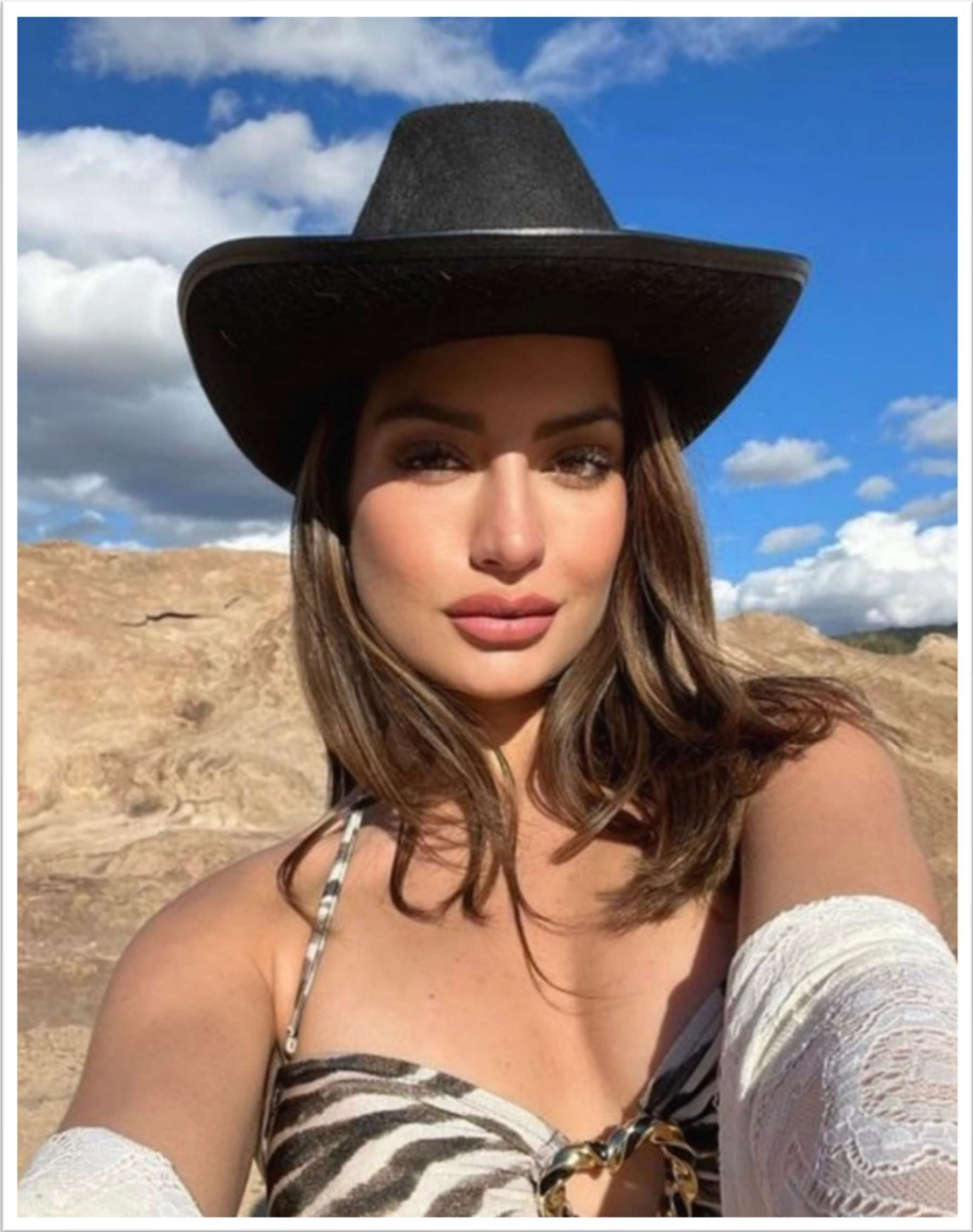


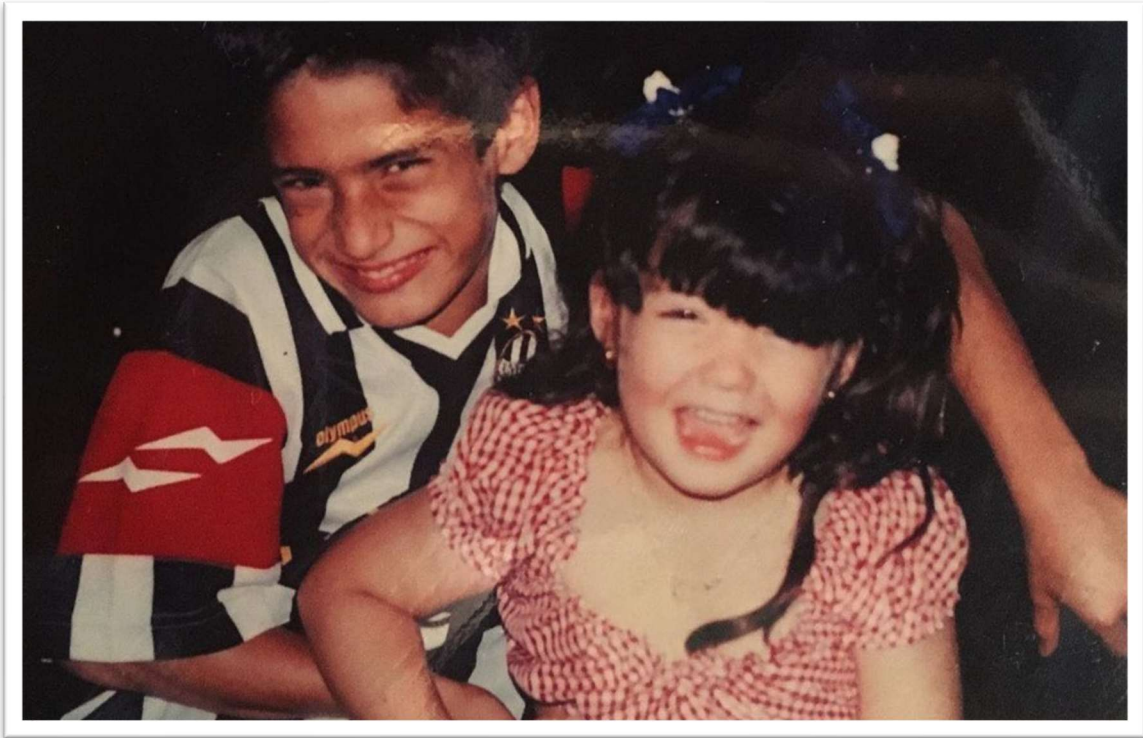












## Basic Information:

Date of Birth:	12/16/1998
Height:	5 feet 7 ½ inches
Weight (lbs):	111 lbs
Hair Color	Dark Brown
Eye Color	Light Brown
Ethnic Origin	European, Italian & Hispanic
Maternal Heritage	Venezuela/ Hispanic
Paternal Heritage:	Italian- European
Blood Type:	ORH+
Location:	Florida, USA

## Education, Career and Personality:

Highest level of education:	College
What college(s) or university(s) did you attend?	Broward College
Major?	Paralegal Studies
Do you have any artistic skills? Please list.	I love to paint and write! I have been modeling since I was 15 years old and consider photography and modeling my artistic passion. I also love yoga and the various artistic poses.
Do you have any athletic ability? Please list.	I play tennis, yoga and pilates. I do yoga everyday and specifically love hot yoga!
What is your current occupation?	I am a professional model. I also started my own marketing company and it is an amazing rewarding experience to provide marketing for services and products that I personally vouch for.
Describe your personality?	Outgoing, charismatic, energetic, sweet, loving, reliable and responsible. I am also very family oriented and so close to my family. I see and talk to my mother and younger brother everyday and talk to my older brother often too.

## Egg Donation:

<p>Why do you want to become a donor?</p>	<p>It is my dream to help people have their own families. I am a 1x experienced egg donor and it was such a remarkable experience to help create a family.</p>
<p>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?</p>	<p>I am 100% committed. I have donated my eggs 1x before and it was an amazing experience. I was responsible with the appointments and all the steps. I tried my best to accommodate the intended parents.</p>
<p>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.</p>	<p>Yes</p>
<p>If they request it, are you willing to meet your intended parents?</p>	<p>Yes, I am open to this possibly.</p>
<p>Are you open to meeting the child in the future if that is requested?</p>	<p>No</p>
<p>Are you open to exchanging future contact information with your intended Par-ents(s)?</p>	<p>Yes, I am open to this possibly.</p>
<p>Where did you grow up?</p>	<p>Venezuela and USA</p>
<p>Do you have any siblings? If so, tell us about each of them:</p>	<p>Yes, I have 2 brothers. We are very close.</p> <ul style="list-style-type: none"> <li>- Brother 02/07/1991</li> <li>- Brother 01/11/2006</li> </ul>

## Personal Health History:

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:	None.
Do you drink alcohol? If yes, how many drinks per week?	Only socially. About 1 drink every few weeks.
Have you ever been pregnant? If yes, how many times and what was the result?	Never.
Have you ever been a donor before? If yes, did a pregnancy occur?	Yes, I was a 1x donor. June 2023. 21 eggs. 16 mature. Spring Fertility (New York City)
Are you taking any medications (for physical or mental health)? If so, what medications are you taking and why?	None.
Are you taking any recreational drugs? If yes, what are you taking?	Never.
Do you smoke?	Never.
Are your menstrual cycles regular? If not, explain.	Very regular. Every 28-30 days.
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?	Yes, I had braces.

## Family Medical History:

Family Genetic History								
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	66	5.8	BROWN	BROWN	MAJOR	YES. Car Accident.	Administrative Associate
Mother	F	58	5.6	HAZEL	BROWN	MAJOR	NO	Lawyer
Paternal Grandmother	F	63	5.5	BROWN	BLACK	MAJOR	YES	
Paternal Grandfather	M	78	5.9	BROWN	BROWN	MAJOR	YES	
Maternal Grandmother	F	83	5.7	BROWN	BROWN	HIGH SCHOOL	YES	
Maternal Grandfather	M	92	5.9	BLUE	BROWN	MAJOR	YES	
Sibling	M	30	5.9	BROWN	BROWN	MAJOR	NO	Criminal Justice
Sibling	M	15	5.9	BROWN	BROWN	STILL IN HIGH SCHOOL	NO	High School

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes No	FATHER Cancer from Smoking.	Yes No	66 Car Accident	66 Car Accident
Mental Retardation	Yes No	NONE	Yes No		
Autism / Asperger's	Yes No	NONE	Yes No		
Physical Malformation	Yes No	NONE	Yes No		
Paralysis or crippling disorders	Yes No	NONE	Yes No		
Alcohol or Drug Addiction	Yes No	NONE	Yes No		
Cystic Fibrosis	Yes No	NONE	Yes No		
Sickle Cell Anemia	Yes No	NONE	Yes No		
Lupus	Yes No	NONE	Yes No		
Miscarriages, still births, neonatal deaths	Yes No	NONE	Yes No		
High blood pressure, heart attacks or strokes	Yes No	NONE	Yes No		
Memory loss or dementia	Yes No	NONE	Yes No		
Osteoporosis	Yes No	NONE	Yes No		
Arthritis	Yes No	NONE	Yes No		
Allergies	Yes No	NONE	Yes No		
Blood diseases	Yes No	NONE	Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes No	NONE	Yes No		
Thyroid issues	Yes No	NONE	Yes No		

<b>Disease/Medical Condition</b>	<b>Check one</b>	<b>To Whom</b>	<b>Passed away?</b>	<b>Age of onset/ Medication</b>	<b>Age at the time of passing</b>
<b>Learning disabilities</b>	Yes No	NONE	Yes No		
<b>Seizure or epilepsy</b>	Yes No	NONE	Yes No		
<b>Depression</b>	Yes No	NONE	Yes No		
<b>Panic attacks</b>	Yes No	NONE	Yes No		
<b>Schizophrenia</b>	Yes No	NONE	Yes No		
<b>Bipolar Disorder</b>	Yes No	NONE	Yes No		
<b>ADD or ADHD</b>	Yes No	NONE	Yes No		
<b>Age-related issues</b>	Yes No	NONE	Yes No		
<b>Kidney problems / diseases</b>	Yes No	NONE	Yes No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	Yes No	NONE	Yes No		
<b>Vision/Sight/Eye Problems</b>	Yes No	NONE	Yes No		