

# Donor # C34

















## Donor Basic Information

<b>Age</b>	21	<b>Natural Hair Color</b>	Brown
<b>Date of Birth</b>	07/22/2002	<b>Eye Color</b>	Dark Brown
<b>Blood Type &amp; RH</b>	A+	<b>Predominant Hand</b>	Right-handed
<b>Height</b>	177cm	<b>Birthplace</b>	Brazil
<b>Weight</b>	61kg	<b>Nationality</b>	Brazilian
<b>Body Type</b>	Average	<b>Maternal Heritage</b>	Spain
<b>Complexion</b>	Medium	<b>Paternal Heritage</b>	Italian

## More About Your Donor

<b>Where do you live now?</b>
Brazil



**Marital Status**

Single

Do you have kid/kids? If yes, how many ? Please list the age and gender.

None

**Current Occupation**

Student and Model

**Level of Education (Please indicate the name of your schools from bachelor or associate degree and above)**

Estacio de Sa

**Major (bachelor or associate degree and above)**

Commercial management

**What was your GPA? GPA**

**What are your hobbies, talents, or if you won any rewards from the past?**

**Do you do exercise? What kinds of exercise?**

Volleyball · Yoga

**Egg donation availability**



Anytime

**How would you describe your personalities and characters?**

Passionate, Independent

**What is your favorite food?**

Any healthy food

**What language/languages do you speak?**

Portuguese · Spanish · English

**If a message could pass, what would you like to say to the intended parents?**

I hope I can help you with building your family.

## Health and Medical History

**Have you ever donated before? If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable.**

Yes

07/2023 25+ eggs



11/2023 47 eggs

Have you ever done any plastic surgery?

None

How often do you drink alcohol?

Socially

Do you smoke or vaping?

No

Are you taking any medication due to any physical or mental issues? If yes, please indicate the name and dose of meds if applicable.

No

Do you have tattoo or body piercing? If yes, please indicate the year they done

No

Methods of birth control (e.g., birth control pills, IUD, condom, or none)

Single, none

Do you have a regular menstrual cycle? When was you last menstruation?

Regular

Have you ever pregnant or miscarriage before? If yes, how many times and when.

None

Have you ever done surgeries under any physical conditions?
None
Have you ever been told by doctor that you have serious physical issues? If yes, please explain.
None
Are you Covid-19 vaccinated?
Yes
When was your last Pep Smear checking? If the result was normal or not?
2022 Normal

## Facts about Donor Biological Family

	Age	Hair Color	Eye Color	Height	Education Level	Race	Occupation	If passed away, explain
Father	55	Brown	Brown	182cm	College		Self-Business	
Mother	53	Brown	Brown	170cm	College		Dentist	



Brother								
Sister								
Paternal Grandfather	86	Brown	College	185cm	College		Farm owner	
Paternal Grandmother	75	College	Green	180cm	College		Doctor	
Maternal Grandfather	75	Brown	Brown	180cm	College		Entrepreneur	
Maternal Grandmother	77	Brown	Brown	177cm	College		Lawyer	