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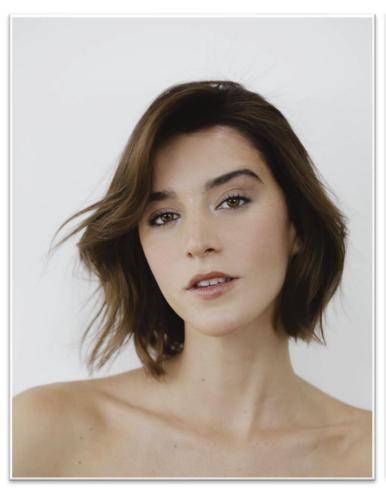
Eye Color	Hair Color	Height
Hazel	Dark Blonde	174cm
Ethnicity	Blood Type	Education
Caucasian	О	Advanced Degree
Donor Location	Date of Birth	
New York, USA	1999-08-13	























Physical Information **Eve Color** Hazel **Natural Hair Color** Dark Blonde **Natural Hair Type** Straight **Corrective Dental** No Vision Excellent Complexion/Skin Tone Fair What is your occupation? Artist / Anthropologist/ Model Do you have any musical talents? If any, please list. Yes, I sing. Do you have any artistic abilities? If any, please list. Yes, I act, I do theatre and film acting. Do you play sports or exercise? Yes, Running, team sports (handball). How often do you exercise? 4 Days per week

Please describe your athletic abilities.

I have been active in sports since I was very young. I started with ballet, then moved on to dance and artistic gymna stics, which I practiced for 12 years. During university, I played a lot of handball while also engaging in activities like surfing and roller skating. My athletic background has given me strength, discipline, and a deep appreciation for movement and physical expression.

Please describe your personality.

I am a highly creative and disciplined person. When I set my mind on something, I stay focused, organized, and co mmitted to achieving it. I thrive in teamwork and value communication and a strong sense of community. Passionate about the arts, I find inspiration in cinema, theater, and literature. I am also adaptable and openminded, always eager to learn and grow.

Please describe your hobbies.

In my free time, I love engaging with the arts, whether it's watching films, reading, writing, or going to the theater. I also enjoy physical activities like roller skating, hiking, and surfing. Additionally, I love exploring new places, vis iting museums, and spending time in cozy cafés, soaking in the atmosphere and drawing inspiration from my surroundings.

Education

Graduate Degree - Sociocultural Anthropology

Do you have any college background?

Yes – Pontificia Universidad Católica de Chile I speak 3 languages - English, Spanish and German

Reproductive Information

Have you ever been pregnant?

No

Number of Children, if any.

0

Current method of birth control.

Condom

How often do you get your menstrual period?

Monthly

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

No

Estimated last date of PAP smear, normal or abnormal?

2024-02-08- Normal

Personal Health and Medical Information

Overall health condition

Excellent

Are you adopted?

No

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

Ves

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 plas cosmetic)?

Nο

Have you taken any medications within the past 12 months?

No

Have you ever had any surgery (medical, dental or plastic/cosmetic)? Yes, I had a septoplasty three years ago due to breathing issues. It was a quick and functional surgery, not a cosmetic one.
Have you ever been diagnosed with cancer? No
Do you have any birth defects? 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? No
Do you drink coffee? How often (daily or weekly)? No
Do you drink alcohol? How o en (daily or weekly)? 1-2 Per Month
Do you smoke, vape, or use marijuana? How o en (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 annti 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

Family Information

Please tell us some basic details about your biological mother.

Age and Health Status	
54 - Healthy	
Height	
168cm	
Weight	
Weight	
68kg	
Hair Color	
Brown	
Eye Color	
Brown	
Education & Occupation	
Advanced Degree	
Lawyer	
Lawyor	

Please tell us some basic details about your biological father

4 - Healthy leight 84cm
8
84cm
Veight
Okg
air Color
londe
ye Color
lue
ducation & Occupation
dvanced Degree
awyer

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	75	84	89	93
Height	165cm	175cm	165cm	171cm
Weight	70kg	85kg	60kg	68kg
Hair Color	Brown	Blonde	Blonde	Brown
Eye Color	Brown	Brown	Blue	Green

Egg Donation History

Why do you want to become an egg donor?

I believe that being able to help someone build a family is an incredible gift. I value the idea of commun ity and connection, and knowing that I can contribute in such a meaningful way is truly fulfilling. I also recognize the strength and resilience that goes into this journey, and I would be honored to support intended parents in achieving their dream of parenthood.

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

I admire your courage and dedication on this journey to parenthood. I hope that my small contribution can bring you closer to the family you've been dreaming of. You are already showing immense love and commitment, and I sincerely wish you joy, strength, and all the happiness in the world as you embark on this new chapter.

What kind of contract do you want to sign with your prospec ve parents?	
Anonymous	
Have you donated eggs in the past?	
No	
Please list the date	
N/a	
Name of the clinic	
N/a	
Number of eggs retrieved.	
N/a	
Number of embryos that passed PGS testing.	
N/a	
Pregnancy outcomes (if known and applicable).	
N/a	