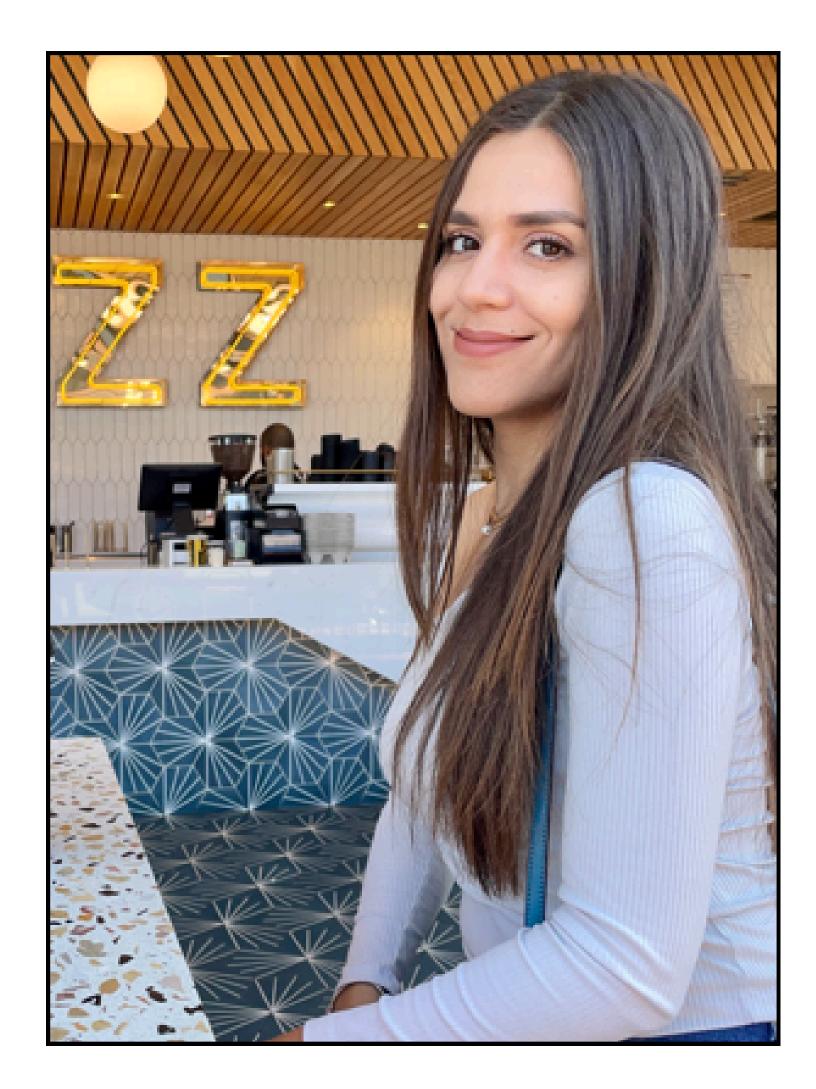


**Donor Code: CD1368** 

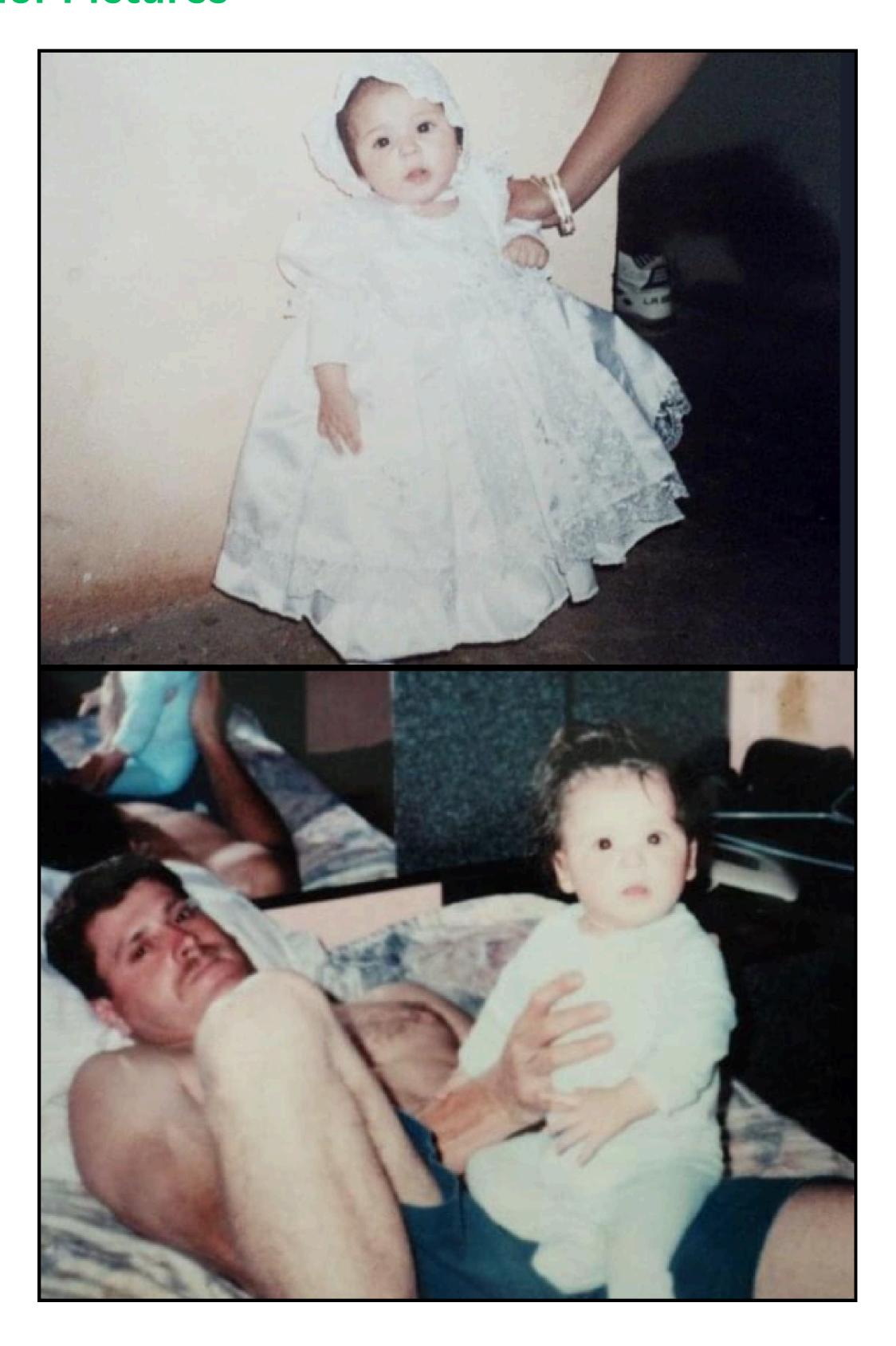


Eye Color	Hair Color	Height		
Brown	Light brown	167 cm		
Ethnicity	Blood Type	Education		
Hispanic	0	Graduate Degree		
Donor Location	Willing to Travel Out of State?	el Out of State? Date of Birth		
Mexico		1993-10-24		

## **Donor Pictures**



# **Donor Pictures**



#### **Physical Information**

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

No

Have you ever done plastic surgery before? Please Describe.

yes umbilical hernia plasty in 2017, consillectomy in 2000

What is your occupation?

Medical intern

#### Education

The highest level of education completed?

**Graduate School** 

Name of the university you have attended or graduated? what is your major? what is your GPA

Universidad Autónoma de Baja California, Medicine

What language/languages do you speak?

English Spanish

### **Character/Personality**

Describe your character/personality?

attentive, ambitious, brave, compassionate, considerate, optimistic, sociable

Describe your hobby/interests?

I am a cheerful person who always finds reasons to smile and enjoy life. I love the company of friends and loved ones. At the same time, I cherish moments of solitude, especially when I can enjoy a cup of coffee while reading a good book.

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

I enjoy cooking, reading, and writing. I love listening to music and taking walks. Going to the movies is one of my favorite pastimes, and I also love exploring new food places because I'm a food enthusiast. I have a passion for traveling and discovering new destinations.

Reproductive History
Have you ever been pregnant before and how was the outcome yes, 2
Do you have regular monthly menstrual period? If no, please explain YES
What form of birth control are you using?
intrauterine device
Medical Information
Have you ever had or do you have any medical problems?

Have you ever had or do you have any psychological problems?

NO

Have you ever had or do you have any serious illnesses or injuries?

NO

Do you consume alcoholic beverages?

yes, 2 beers twice a month

Do you smoke?

NO

Do you exercise? And how often?

Yes

### **Donation History**

Have you ever donated before?

No

If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable

N/a

### **Family History**

Family	Age	Height (CM)/ weight(KG)	Hair Color	Eye Color	Health Status	Deceased age	Decease cause
Father	60	180 cm/85 kg	Red	Brown	deceased	yes, 60	he was assaulted in Tijuana and unfortunately died
Mother	54	172 cm/68kg	Black brown	Brown	Healthy		
Paternal Grandfather	83	180 cm/90kg	red	Brown	Healthy		
Paternal Grandma	85	160cm/45 kg	black	Brown	deceased	85	
Maternal Grandfather	70	185 cm90kg	Brown	Brown	Healthy		
Maternal Grandma	70	160 cm/60kg	brown	Brown	Healthy		