



















Please choose a pseudonym for your profile: Maz Date of Birth: 1988 May 12 Height: 1,67 m Hair Color: blonde Ethnic Origin: lithuanian Maternal Heritage: lithuanian **Blood Type:** A Rh D positive

Weight (lbs): 53 kg Eye Color: blue

Paternal Heritage: lithuanian

Highest Level of education Master degree

What was your college GPA? Was around 9

What college(s) or university(ies) have you attended? New York School of Interior Design (USA), Vilnius Academy of Arts (Lithuania), Lahti University of **Applied Sciences (Finland)**

Do you have any artistic abilities? Please List: I would consider myself artistic. lused to sing and play piano when I was a teenager, I do paint and at the moment am taking acting classes for pleasure.

Do you have any athletic abilities? Please list: I do gym and I do road biking.

What is you current occupation? I am an interior designer and also do comercial modeling.

Please describe your personality: I am possitive, self-secure, loyal, elegant and kind. I love to surround myself with harmony and aesthetics. I absolutely love art, museums, theatre, traveling, socialising.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? no

Have you worn braces? no

Why do you want to become a donor? It empowers me to think I could witness and be part of advanced medicine to make a positive change in someones life. I think its unique experience with a beautiful aim.

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? yes

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? yes If no, please explain.

If they request it, are you willing to meet your intended parents? yes

Are you open to meeting the child in the future if that is requested? yes

Are you open to exchanging future contact information with your intended Parents(s)? yes

Where did you grow up? Klaipeda, Lithuania

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

I have one sister. She is 2 years younger. She lives in another country but we always organize our sisters trips and meet as much as we can. We have a great relationship and strong family bond.

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

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

I am very healthy, I do my blood tests twice per year. The only thing that I was diagnosed as a teenager was PCOS, but for the past 6 years I have my periods very precise and regular due to healthy lifestyle and excersizing.

Do you drink alcohol? If yes, how many drinks per week? I like only wine with dinners, but not on daily basics. Few times per week.

Have you ever been pregnant? If yes, how many times and what was the outcome?

no

Have you ever been a donor before? If yes, did a pregnancy occur?

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?

no Are you taking any recreational drugs? If yes, what are you taking? no Do you smoke? no Are your menstrual cycles regular? If no, please explain: yes

Family Medical History

Note: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program. If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History							
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Deceased	Occupation
Father	М	57	1,86	blue	brown		Director of government institution
Mother	F	60	1,70	blue	blonde		Head of department of municipality
Paternal Grandmother	F	80	1,68	blue	brown		
Paternal Grandfather	М	80	1,71	blue	blonde		
Maternal Grandmother	F	74	1,68	blue	brown	yes	
Maternal Grandfather	М	77	1,74	brown	brown	yes	
Sibling	F	27	1,72	blue	blond		lawyer
Sibling							
Sibling							
Sibling							

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	no		Yes No		
Mental Retardation	no		Yes No		
Autism / Asperger's	no		Yes No		
Physical Malformation	no		Yes No		
Paralysis or crippling disorders	no		Yes No		
Alcohol or Drug Addiction	no		Yes No		
Cystic Fibrosis	no		Yes No		
Sickle Cell Anemia	no		Yes No		
Lupus	no		Yes No		
Miscarriages, still births, neonatal deaths	no		Yes No		
High blood pressure, heart attacks or strokes	no		Yes No		
Memory loss or dementia	no		Yes No		
Osteoporosis	no		Yes No		
Arthritis	no		Yes No		
Allergies	no		Yes No		
Blood diseases	no		Yes No		
Diabetes (Specifically Type 1 or Type 2)	no		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Thyroid issues	no		Yes No		
Learning disabilities	no		Yes No		
Seizure or epilepsy	no		Yes No		
Depression	no		Yes No		
Panic attacks	no		Yes No		
Schizophrenia	no		Yes No		
Bipolar Disorder	no		Yes No		
ADD or ADHD	no		Yes No		
Age-related issues	no		Yes No		
Kidney problems / diseases	no		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	no		Yes No		
Vision/Sight/Eye Problems	no		Yes No		