











Please choose a pseudonym for your profile: Sun

Date of Birth: 14/03/1994

Height:Weight (lbs): 130 lbs

Hair Color: Blonde

Eye Color: blues

Ethnic Origin: German/Swiss

Maternal Heritage: German

Paternal Heritage: Swiss

Blood Type: AB+

Highest Level of education

College MajorWhat was your college GPA?

Business administration technique (8,5)

What college(s) or university(ies) have you attended?

EET N 2 Canonigo Narciso Goiburu, business school

Do you have any artistic abilities? Please List:

Dancer

Actress

Artisan

Do you have any athletic abilities? Please list:

I like to do all sports. I am very athletic. I have played volleyball, handball, swimming, dance, tennis.

What is your current occupation?

Model and Dancer

Please describe your personality:

I am very kind, helpful. I love the adventure, adrenaline and to learn new things every moment

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

No

Have you worn braces?

Yes

Why do you want to become a donor?

Because I would like to help other people

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 I'm ready

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.

Yes I agree

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?

in Colon Entre Rios Argentina, a town with a lot of countryside on the banks of the river

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

I have five siblings (Maira) is 27 years old, and studies architecture. (Marcelo) is 19 years old, plays volleyball and soccer. (Clara) is 18 years old, is very athletic, is in the Argentine volleyball team. (Juan cruz) is 14 years old, is very tall, studies English, practices swimming and basketball, (Geremias) is 10 years old, studies English and practices Taekondo

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

No

Personal Health History

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

Do you drink alcohol? If yes, how many drinks per week?
only on special occasions

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?

No

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

Salto de página

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	Occupation
Father	M	56	95kg	blues	Blonde	Manager of room in casino
Mother	F	49	58kg	brown	Blonde	Artisan
Paternal Grandmother	F	84	65kg	Blues	Blonde	Retired
Paternal Grandfather	M	83	100kg	Blues	Blonde	Retired
Maternal Grandmother	F	73	130kg	brown	Blonde	Retired
Maternal Grandfather	M	76	95kg	Blues	Blonde	Retired
Sibling	F	27	68kg	brown	Blonde	Culture
Sibling	M	19	70kg	Brown	Blonde	student
Sibling	F	18	67kg	brown	Blonde	Student
Sibling Sibling	M M	14 10	65kg 45kg	Blues Bl ues	Blonde	Student Student

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes	Mother	No		
Mental Retardation	No		No		
Autism / Asperger's	No		No		
Physical Malformation	No		No		
Paralysis or crippling disorders	No		No		
Alcohol or Drug Addiction	No		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		
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	Yes	Grand mother	Yes No		
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