















Please choose a pseudonym for your profile: Karina

Date of Birth: April/08/1991

Height: 172

Weight (lbs): 57kg

Hair Color: Hazel

Eye Color: Blue

Ethnic Origin: Brazilian/Italian

Maternal Heritage: Brazilian

Paternal Heritage: Italian

Blood Type:

Highest Level of education

Degree in Nutrition

What is your current occupation?

Model and Consultant

Please describe your personality:

Calm and Happy

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?

To help others have a kid and for the money reward

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?

If no, please explain.

Yes

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

Maybe

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

Maybe

Are you open to exchanging future contact information with your intended

Parents(s)?

Yes

Where did you grow up?

Brazil

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

No

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:

No

Do you drink alcohol? If yes, how many drinks per week?

once in a week 2 glasses of wine

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

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	M	61	181	Blue	Hazel		Aluminum Company
Mother	F	57	167	Blue	Hazel		Aluminum Company
Paternal Grandmother	F	77	166	Hazel	Hazel		Housewife
Paternal Grandfather	M	80	171	Blue	Hazel		Dentist - Retired
Maternal Grandmother	F	75	164	Green	Dark Blonde		Housewife
Maternal Grandfather	M	81	177	Blue	Hazel		Farmer
Sibling							
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		
Thyroid issues	No		Yes	No		
Learning disabilities	No		Yes	No		
Seizure or epilepsy	No		Yes	No		

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
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		