























## General Information

Donor Code	Laticia
Age at Donation	25 years
Race	Caucasian
Ethnicity	Half Italian half Brazilian
Height	1,77cm
Weight	53 KG
Eyes Color	Hazel
Natural Hair Color	Hazel
Natural Hair Texture	Straight
Complexion	Fair
Right / Left Handed	Right
Psychological Screening	No
Genetic Carrier Screening	No
Blood Type	UK
Glasses	NO
Adopted	NO
Marital Status:	Single
Number of Children:	NONE
<b>Visa</b>	<b>Yes</b>

## Education

What is the highest level of schooling attained? High school graduate / some college / technical school / Bachelor's degree / some graduate school / Master's degree / Doctorate? [Studying towards a degree](#)

Did you attend college / university? If yes, what did you study?

**Currently studying towards my degree**

What were your favorite subjects in school?

**science**

What is your current profession?

**International model**

### **Health**

Have you ever been pregnant?

*No*

Is there a history of multiple births in your family?

*No*

Do you have allergies?

*No*

Do you smoke? If yes, how many per day?

No

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

No

Do you take recreational drugs? If yes, please explain.

No

Have you ever been treated for drug or alcohol abuse?

No

At time of donation, are you taking any medication or supplements?

At time of donation, are you under the care of a physician? If so, for what?

### **Personal**

How do people describe you? What are your main personality traits? List at least 3.

**Helpful, thoughtful and smart,**

What are your hobbies and interests? List at least 3.

**Reading, walking and hiking**

What are your future life goals and aspirations?

**to complete my degree and work in science field.**

What is your biggest fear?

What skills or talents do you have? For example, musical / artistic / athletic?

### **Motivation**

Have you ever been an egg donor? If so, was there a successful pregnancy?

**No**

Why do you want to become an egg donor?

**To help and I also get assistances in paying for my studies.**

### **Sexual Health**

Have you ever been diagnosed with any of the following?

Disease	Yes / No	When
HIV / AIDS	No	

Syphilis	No	
Hepatitis B	No	
Hepatitis C	No	
Chlamydia	No	
Gonorrhea	No	
West Nile Virus	No	