

















Please choose a pseudonym for your profile: Sara

Date of Birth: February 28, 1986

Height: 1,67

Weight (lbs): 112 lbs

Hair Color: BROWN

Eye Color: BROWN

Ethnic Origin: DESCENDING OF ITALY

Maternal Heritage: ITALIAN

Paternal Heritage: BRAZILIAN

Blood Type: A+

Highest Level of education:

College Major: post graduate

What was your college GPA

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

USP Sao Paulo - Brazil. Graphic and Marketing Brands.

Do you have any artistic abilities? Please List:

Classic Ballet, olympic gymnastic, painting, dance.

Do you have any athletic abilities? Please list:

Running, cycling, functional training, ballet and dances.

What is you current occupation?

Model and Brand Designer.

Please describe your personality:

Creative, very happy, quiet, organized and i love to much to study and learn about everything. I ave a healthy life, healthy, good friendships. I love the life, the people and animals, my family is my base.

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?

Because its a pleasure for me can help someone to have a son.

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 do.

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 am.

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)?

No.

Where did you grow up?

In Brazil.

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

I have 2 sisters. Very beautiful person (inside and outside). I have a blessed family. We are friends and have similar ages. 2 girls.

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, nothing,

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

No.

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. its my first time.

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

Only natural vitamins.

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, i don't take nothing to regulate it. I dont take contraceptive pills and my menstrual cycles is healthy.

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	58	1,77	brown	brown	no	business man
Mother	F	53	1,67	brown	brown	no	business woman
Paternal Grandmother	F	77	1,72	brown	brown	no	business woman
Paternal Grandfather	M	79	1,70	brown	brown	yes	business man
Maternal Grandmother	F	81	1,68	brown	brown	yes	House Wife
Maternal Grandfather	M	78	1,65	brown	brown	no	Truck Driver
Sibling	F	31	1,68	brown	brown	no	business woman
Sibling	F	29	1,72	brown	brown	no	model

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

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Diabetes (Specifically Type 1 or Type 2)	No				
Thyroid issues	No				
Learning disabilities	No				
Seizure or epilepsy	No				
Depression	No				
Panic attacks	No				
Schizophrenia	No				
Bipolar Disorder	No				
ADD or ADHD	No				
Age-related issues	No				
Kidney problems / diseases	No				
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No				
Vision/Sight/Eye Problems	No				