













Please choose a pseudonym for your profile: [Maria Florencia](#)

Date of Birth: [29/10/1987](#)

Height: [171cm](#) Weight (lbs): [55kg](#)

Hair Color: [Hazel](#) Eye Color: [Green](#)

Ethnic Origin: [Argentinian & Spanish](#) Maternal Heritage:

Paternal Heritage: [Spanish](#)

Blood Type:

Highest Level of education

College

College Major

Administration - business

What was your college GPA?

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

[Uces - Buenos Aires](#)

Do you have any artistic abilities? Please List:

Sing and Dance

Do you have any athletic abilities? Please list:

Boxing and Running

What is your current occupation?

Model

Please describe your personality:

Calm, persistent and friendly

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 dreams come true!

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?

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?

Buenos aires - argentina

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?

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

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	60	175	Green	Hazel		accountant
Mother	F	49	170	Green	Hazel		House Keeper
Paternal Grandmother	F	81	177	Green	Hazel		
Paternal Grandfather	M	79	165	Hazel	Hazel		

Family Genetic History							
Maternal Grandmother	F	74	171	Green	Blonde		
Maternal Grandfather	M	77	183	Hazel	Hazel		
Sibling							
Sibling							
Sibling							
Sibling							

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

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
Cystic Fibrosis			Yes	No		
Sickle Cell Anemia			Yes	No		
Lupus			Yes	No		
Miscarriages, still births, neonatal deaths			Yes	No		
High blood pressure, heart attacks or strokes			Yes	No		
Memory loss or dementia			Yes	No		
Osteoporosis			Yes	No		
Arthritis			Yes	No		
Allergies			Yes	No		
Blood diseases			Yes	No		
Diabetes (Specifically Type 1 or Type 2)			Yes	No		
Thyroid issues			Yes	No		
Learning disabilities			Yes	No		
Seizure or epilepsy			Yes	No		
Depression			Yes	No		
Panic attacks			Yes	No		
Schizophrenia			Yes	No		
Bipolar Disorder			Yes	No		
ADD or ADHD			Yes	No		
Age-related issues			Yes	No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Kidney problems / diseases			Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.			Yes No		
Vision/Sight/Eye Problems			Yes No		