















Please choose a pseudonym for your profile: GREICE

Date of Birth: 09/27/90

Height: 1,77m Weight (lbs): 54kg

Hair Color: blonde Eye Color: blue

Ethnic Origin: German Maternal Heritage: German

Paternal Heritage: German

Blood Type:

Highest Level of education

College

College Major

Bussines at - USP - Universidade de São Paulo.

Do you have any artistic abilities? Please List:

acrobatic silk

Do you have any athletic abilities? Please list:

acrobatic silk, volley, running, pilates and a little bit of yoga and climbing

What is your current occupation? Model

Please describe your personality: I think I could describe myself as a very sensible, sensitive, kind and funny person. Animals and nature lover. Love helping others.

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? As I said before, I like helping others.. and I think thats a nice way to help people.. giving them a chance to have a children :)

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? NO

Are you open to exchanging future contact information with your intended Parents(s)? NO

Where did you grow up? Brazil

Do you have any siblings? If so, tell us about each of them: I have a brother. 4 years younger. Football player.

**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	54	1,88m	Green	Brown	No	Economist
Mother	F	54	1,71m	Blue	Dark blonde	No	Housewife
Paternal Grandmother	F	83	1,73	Brown	Hazel	Yes	Retired
Paternal Grandfather	M	70	1,80	Brown	Hazel	Yes	Retired
Maternal Grandmother	F	78	1,70	Blue	Dark blonde	Yes	Retired
Maternal Grandfather	M	86	1,80	Brown	Brown	Yes	Retired
Sibling	M	23	1,94	Blue	Blonde	No	Soccer Player
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		

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		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	No		Yes No		