













Please choose a pseudonym for your profile: Giovana Martins

Date of Birth: 09/09/1996

Height: 63

Weight (lbs): 138,8

Hair Color: blond

Eye Color: greenish brown

Ethnic Origin: Brazilian

Maternal Heritage: Italian and spanish Paternal Heritage: libanese

Blood Type: B+

Highest Level of education

College Major university

What was your college GPA?

What college(s) or university(ies) have you attended? Universidade Federal de Santa Catarina , UFSC

Do you have any artistic abilities? Please List:

Model, actress, drawing, screenwriter

Other language: english

Do you have any athletic abilities? Please:

I practiced volleyball in a professional way.

Others: swimming, handball, futsal, basketball, muay thai, aikido, judo

What is you current occupation?

I currently work as a model and actress

Please describe your personality: I am a quiet person who takes care of health and quality of life. I do check up every month with an endocrinologist/ sports medicine and practice physical exercise every day.

I don't use drugs or smoke. I drink socially.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

no

Have you worn braces?

yes

Why do you want to become a donor?

Besides receiving by the donation, I can give the possibility of women who can not have 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?
yes**

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)?

yes

Where did you grow up?

Brazil, Florianopolis, santa catarina

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

Yes, A man, twins

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:

Breast prosthesis, only for esthetics

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

Yes, once or twice a month, only wine

Have you ever been pregnant? If yes, how many times and what was the out- come?

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

No, some cycles change dates.

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	51	180	brown	brown	x	
Mother	F	54	174	brown	brown	no	Student
Paternal Grandmother	F	80				x	
Paternal Grandfather	M	77				x	
Maternal Grandmother	F	94	165	blue	blond		retired
Maternal Grandfather	M	88	177	blue	blond	x	
Sibling	M	21	184	brown	brown		studing
Sibling							
Sibling							
Sibling							

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	No		No		
Mental Retardation	No		No		
Autism / Asperger's	No		No		
Physical Malformation	No		No		
Paralysis or crippling disorders	No		No		
Alcohol or Drug Addiction	No		No		
Cystic Fibrosis	No		No		
Sickle Cell Anemia	No		No		
Lupus	No		No		
Miscarriages, still births, neonatal deaths	No		No		
High blood pressure, heart attacks or strokes	No		No		
Memory loss or dementia	No		No		
Osteoporosis	No		No		
Arthritis	No		No		
Allergies	No		No		
Blood diseases	No		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		No		
Thyroid issues	No		No		
Learning disabilities	No		No		
Seizure or epilepsy	No		No		
Depression	No		No		
Panic attacks	No		No		
Schizophrenia	No		No		
Bipolar Disorder	No		No		
ADD or ADHD	No		No		
Age-related issues	No		No		
Kidney problems / diseases	No		No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		No		
Vision/Sight/Eye Problems	No		No		