













**Please choose a pseudonym for your profile: LILIAN**

**Date of Birth:** 20-05-90

**Height:** 1,74

**Weight (lbs):** 125

**Hair Color:**dark blonde

**Eye Color :** brown

**Ethnic Origin:** Argentina.

**Maternal Heritage:** ITALIAN

**Paternal Heritage:** Germany

**Blood Type:** A+

**Highest Level of education:**

**High school completed**

**College Major**

**What was your college GPA?**

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

Bachillerato Pedro Goyena, Roberto Piazza university (Argentina)

**Do you have any artistic abilities? Please List:**

Singer and actress.

**Do you have any athletic abilities? Please list:** artistic gymnastic basketball  
volleyball soccer and swimming

**What is your current occupation?** singer

**Please describe your personality:** I'm happy, positive, friendly,

**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?** because I want to help the families who have issues conceiving their 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? yes**

**Are you open to exchanging future contact information with your intended Parents(s)? yes**

**Where did you grow up? Charata Chaco, Argentina**

**Do you have any siblings? If so, tell us about each of them: yes, I have two brothers and one sister. My youngest brother is an english and basquetball teacher, the other one is a comerciante, and my sister is a seed analyst and painter. They have 34, 36 and 38 years old.**

**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 much, maybe two glasses of wine per week**

**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		NO						
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	65	1,85	green	brown	primary	yes	BUSINESS
Mother	F	54	1,75	brown	blonde	secondary	no	BUSINESS
Paternal Grandmother	F	95	1,65	brown	brown	primary	yes	RETIRED
Paternal Grandfather	M	98	1,85	blue	blonde	primary	yes	RETIRED
Maternal Grandmother	F	75	1,65	brown	brown	primary	no	RETIRED
Maternal Grandfather	M	73	1,95	blue	blonde	secondary	no	RETIRED
Sibling	M	36	1,85	blue	brown	secondary	no	
Sibling	F	38	1,65	brown	brown	university	no	
Sibling	M	34	1,97	Green	blonde	university	no	
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Mental Retardation	Yes No		Yes No		
Autism / Asperger's	Yes No		Yes No		
Physical Malformation	Yes No		Yes No		
Paralysis or crippling disorders	Yes No		Yes No		
Alcohol or Drug Addiction	Yes No		Yes No		
Cystic Fibrosis	Yes No		Yes No		
Sickle Cell Anemia	Yes No		Yes No		
Lupus	Yes No		Yes No		
Miscarriages, still births, neonatal deaths	Yes No		Yes No		
High blood pressure, heart attacks or strokes	Yes No		Yes No		
Memory loss or dementia	Yes No		Yes No		
Osteoporosis	Yes No		Yes No		
Arthritis	Yes No		Yes No		
Allergies	Yes No		Yes No		
Blood diseases	Yes No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes No		Yes No		
Thyroid issues	Yes No		Yes No		
Learning disabilities	Yes No		Yes No		

<b>Disease/Medical Condition</b>	<b>Check one</b>	<b>To Whom</b>	<b>Passed away?</b>	<b>Age of onset/ Medication</b>	<b>Age at the time of passing</b>
<b>Seizure or epilepsy</b>	Yes No		Yes <b>No</b>		
<b>Depression</b>	Yes No		Yes <b>No</b>		
<b>Panic attacks</b>	Yes No		Yes <b>No</b>		
<b>Schizophrenia</b>	Yes No		Yes <b>No</b>		
<b>Bipolar Disorder</b>	Yes No		Yes <b>No</b>		
<b>ADD or ADHD</b>	Yes No		Yes <b>No</b>		
<b>Age-related issues</b>	Yes No		Yes <b>No</b>		
<b>Kidney problems / diseases</b>	Yes No		Yes <b>No</b>		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	Yes No		Yes <b>No</b>		
<b>Vision/Sight/Eye Problems</b>	Yes No		Yes <b>No</b>		