











Please choose a pseudonym for your profile: Bella

Date of Birth: 05/NOV/1996

Height: 1,73

Weight (lbs): 132

Hair Color: Light brown

Eye Color: green

Ethnic Origin: German/Portuguese

Maternal Heritage :German

Paternal Heritage: Portuguese

Blood Type:

Highest Level of education

College Major

What was your college GPA? B+

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

University of Minas Gerais (UFMG)

Do you have any artistic abilities? Please List:

dance, sing and paint

Do you have any athletic abilities? Please list:

gymnastics, swim, dance, cross-fit, gym, run

What is your current occupation?

Commercial leadership

Please describe your personality:

I love my life and enjoy every moment is special for me.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? I don't use eyeglasses

Have you worn braces? No

Why do you want to become a donor?

because it is very sad to know that you can not have a baby, and if I can help someone to have a baby it is very rewarding for me

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?

I know a little about the procedure and if I agree.

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?

Yes i'm agreed

If no, please explain.

If they request it, are you willing to meet your intended parents?

I wouldn't like it, but if they request it's ok.

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? I grew Up in brazil

Do you have any siblings? If so, tell us about each of them: i don't have brothers

Do you have any children? If so, tell us about each of them: i don't have children

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?

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?

Never before

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

Nothing

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	51	1,73	Blue	Light brown	No	Architect
Mother	F	58	1,67	hazel	Brown	No	housewife
Paternal Grandmother	F	87	1,60	hazel	Blonde	No	
Paternal Grandfather	M	—	1,75	blue	hazel	Yes	
Maternal Grandmother	F	89	1,62	Brown	hazel	No	
Maternal Grandfather	M	—	1,70	green	blonde	Yes	
Sibling							
Sibling							

Family
Genetic
History

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		

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