









Please choose a pseudonym for your profile: Laura lung

Date of Birth: 07/05/1996

Height: 170cm

Weight (lbs): 45kg

Hair Color: brown

Eye Color: green yellow

Ethnic Origin: Brazilian

Maternal Heritage: Brazilian

Paternal Heritage: germany

Blood Type: O+

Highest Level of education

College What was your college GPA?

Yes, Unisul College and Wolf Maya School

What college(s) or university(ies) have you attended? Cinema, audiovisual and television

Do you have any artistic abilities? Please List:

No

Do you have any athletic abilities? Please list:

I'm an actress.

What is you current occupation? Model and actress

Please describe your personality:

I am a person who always tries to be happy. I am calm, easy to live and i am very determined to achieve my goals.

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?

First i think that to cooperate so that the people who wish can have children is something beautiful. And second is my financial need.

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. 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?

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? In a city in the South of Brazil called Passo Fundo

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:

yes, i have silicone breast prosthesis

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

Rarely

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	Education Level	Deceased	Occupation
Father	M	42	180cm	green	brown	graduate d	No	businessman
Mother	F	39	165cm	brown	brown	graduate d	no	nurse
Paternal Grandmother	F	65	164cm	brown	brown	graduate d	no	retired
Paternal Grandfather	M	68	190cm	blue	Light brown	graduate d	no	retired
Maternal Grandmother	F	68	170cm	blue	blond	graduate d	no	retired
Maternal Grandfather	M	80	180cm	brown	Brown	————	no	farmer
Sibling								
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		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
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		
Diabetes (Specifically Type 1 or Type 2)	No		No		
Thyroid issues	No		No		
Learning disabilities	No		No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
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		