Traje de escote tipo corazón con corte princesa y maxifalda en organza y mesh, con aplicaciones bordadas de cristales y pedrería.

Please choose a pseudonym for your profile: BRENDA
Date of Birth: 06/04/1991
Height: 1,79 **Weight (lbs): 63KG**
Hair Color: RUBIO OSCURO **Eye Color: VERDES**
Ethnic Origin: ARGENTINA
Maternal Heritage: ITALIANA **Paternal Heritage: ITALIANA**
Blood Type: A+

Highest Level of education
College Major UNIVERSITARIA **What was your college GPA? 8.91**

What college(s) or university(ies) have you attended? UNIVERSIDAD EMPRESARIAL SIGLO XXI

Do you have any artistic abilities? Please List: DANZA

Do you have any athletic abilities? Please list: BASQUETBALL, HANDBALL, VOLEYBALL

What is you current occupation?: MODEL

Please describe your personality: SOCIABLE, ELOCUENTE, SIMPATICA, EMPRENDEDORA, INDEPENDIENTE, ROMANTICA, CARACTER FUERTE, PREDISPUESTA, SOÑADORA, ORGULLOSA, ETC.

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? PARA ASÍ AYUDAR A QUIENES TIENEN EL DESEO DE SER PADRES Y NO PUEDEN. MI HERMANA MAYOR TUVO QUE SOMETERSE A FERTILIZACION ASISTIDA Y AHÍ TOME CONCIENCIA SOBRE EL ASUNTO.

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 I am

If they request it, are you willing to meet your intended parents? NO

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)? SI

Where did you grow up? EN LA CIUDAD DE UNQUILLO, PROVINCIA DE CÓRDO-BA, ARGENTINA.

Do you have any siblings? If so, tell us about each of them: TENGO 2 HERMANAS MAYORES: UNA DE 36 AÑOS QUE VA A SER MAMA, SOMOS BASTANTE PARECIDAS TANTO FISICAMENTE COMO EN PERSONALIDAD. Y MI OTRA HERMANA TIENE 32 AÑOS Y ES EL POLO OPUESTO A NOSOTRAS.

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? Just contraceptives

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	67	1,80	Brown	Dark		Business Man
Mother	F	64	1,78	Green	Brown		House Wife
Paternal Grandmother	F	85 APROX	1,70 APROX	HAzel	Hazel		House Wife
Paternal Grandfather	M	88 APROX.	1,80 APROX.	Light Blue	Blonde		Farmer
Maternal Grandmother	F	82 APROX.	1,70 APROX	Hazel	Black		House Wife
Maternal Grandfather	M	85 APROX.	1,85 APROX.	Hazel	Black		Business Man
Sibling	F	36	1,75	Green	Hazel		Business Woman
Sibling	F	32	1,72	Hazel	Black		Banker
Sibling							
Sibling							

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

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