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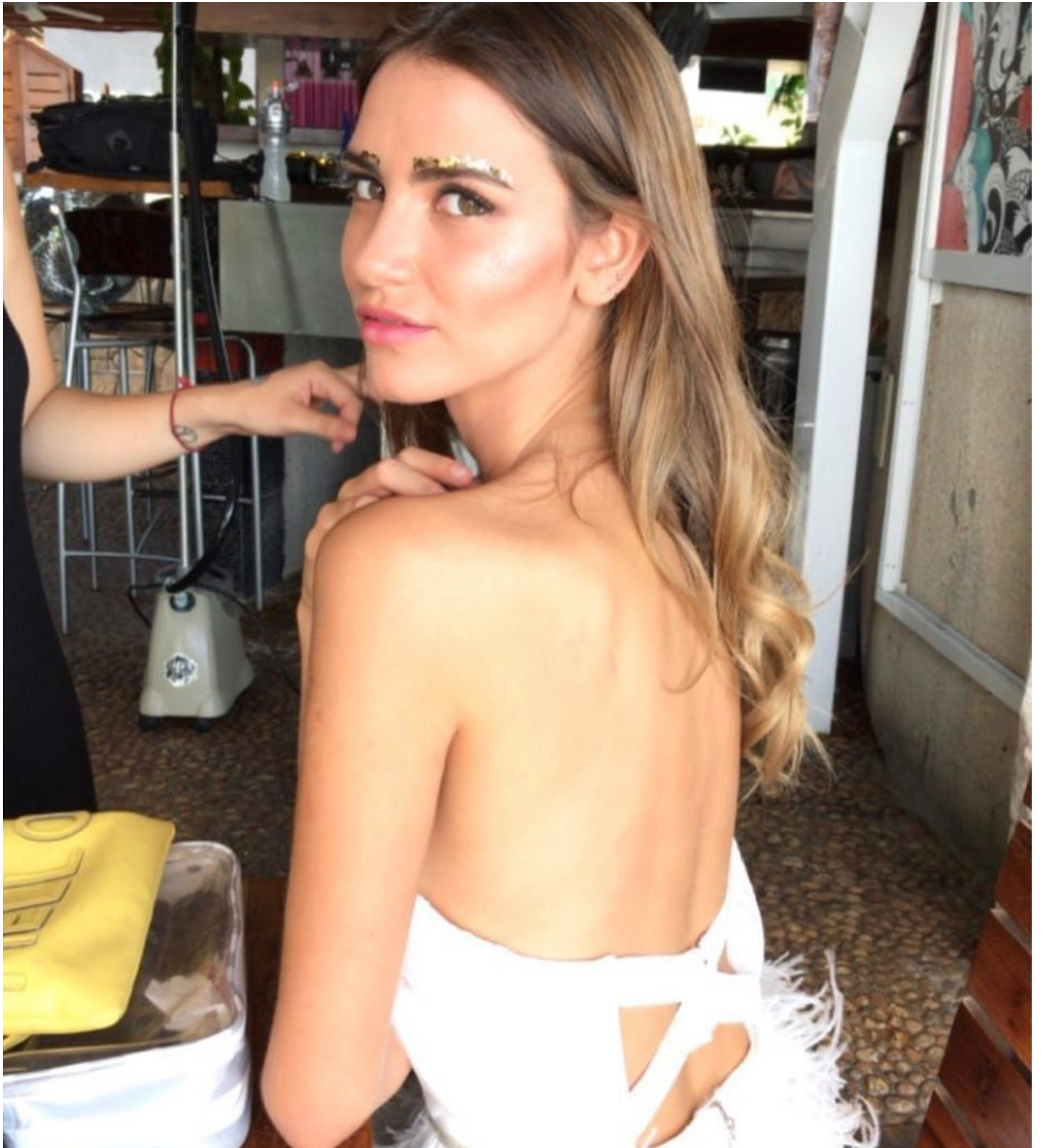
















Please choose a pseudonym for your profile:

Date of Birth: 16-10-1996

Height: 1.77cm

Weight (lbs): 57kg

Hair Color: Blond

Eye Color: Honey/green

Ethnic Origin: White

Maternal Heritage: Spanish/Argentina

Paternal Heritage: Argentina

Blood Type: A+

- **Highest Level of education**

What was your college GPA? College Major

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

Universidad de bellas Artes

Do you have any artistic abilities? Please List:

Yes, plastic artist , paiting .

Do you have any athletic abilities? Please list:

Yes, dancing

What is you current occupation?

Model

Please describe your personality

I am a fun girl, I like nature, animals, I like dance and spend time with family and friends. My family is my highest priority. I like to travel and to know different cultures.

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?

Because i want to make a family happy

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?

If requested

Are you open to meeting the child in the future if that is requested?

If requested

Are you open to exchanging future contact information with your intended Parents(s)? **No**

Where did you grow up? **Argentina**

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

Yes i have two brothers they have a clothes store they work together

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? **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**

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		
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		