Please choose a pseudonym for your profile:

Date of Birth: 22/04/96

Height: 5'10

Weight (lbs): 58kg

Hair Color: Brown

Eye Color: Brown

Ethnic Origin: Brazilian

Maternal Heritage: Italian

Paternal Heritage: Portuguese

Blood Type: B+

Highest Level of education

College Major   What was your college GPA?

Highest level complete in FCJ Univercity

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

Business Administration

Do you have any artistic abilities? Please List:

Yes , 5 years classic ballet + artistic gymnastics

Do you have any athletic abilities? Please list:

Yes , I love to play volley .

What is you current occupation?

Model and Work real states business with my father

Please describe your personality:

 I am a happy girl , always motivated , positive , hardworking, extroverted, unihibited, stubborn, likes to travel and explore the world , adventurous but also very family.

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 im going to help a couple fulfill the dream of having a family.

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 prefer-ence, 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 Par-ents(s)?
   If requested
Where did you grow up?
Sao Paulo – Brazil
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:
no

Do you drink alcohol? If yes, how many drinks per week?
Wine sometimes , 2 glass each 2 weeks
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	40	1,85	green	brown	gradued		lawyer
Mother	F	42	1,70	brown	brown	gradued		Administration
Paternal Grandmother	F	62	1,75	green	black	gradued		architect
Paternal Grandfather	M	64	1,74	brown	brown	gradued		administration
Maternal Grandmother	F	60	1,79	blue	blond	gradued		Self employer
Maternal Grandfather	M	76	1,85	brown	brown	High school		police
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		
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	Yes No		No		
Sickle Cell Anemia	Yes 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		

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