















Please choose a pseudonym for your profile:

suzana

Date of Birth: 03/09/1994

Height: 175 cm

Hair Color: Dark Brown

Ethnic Origin: Brazilian

Paternal Heritage: German

Blood Type: O +

Weight (lbs): 53kg

Eye Color: Brown

Maternal Heritage: Brazilian

Highest Level of education:

University deserted.

College Major:

Sec, Rio de Janeiro- Brasil.

What was your college GPA?

9-10 (1 to 10)

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

Brachelor Student at BUIC

Do you have any artistic abilities? Please List:

I love painting

Do you have any athletic abilities? Please list:

Ballet

What is your current occupation?

International Model and Tourism Management student

Please describe your personality:

I love to travel the world and discovery new things , but also I love to spend time with my family when I come back to my coutry , I am very happy girl.

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?

I would love to help peoples to conqer their dreams.

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 do.

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 am open.

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?

Rio de Janeiro, 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:

Not yet

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?

I don't drink Alcohol

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	Deceased	Occupation
Father	M	54	182cm	Brown	brown		Doctor
Mother	F	51	175cm	Honey	brown		Housewife
Paternal Grandmother	F	66	169cm	Blue	brown		Dentist
Paternal Grandfather	M	67	186cm	Brown	brown		Farmer
Maternal Grandmother	F	63	162cm	Green	brown		Self-Employer
Maternal Grandfather	M	59	176cm	Brown	brown		Nurse
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				
Mental Retardation	No				
Autism / Asperger's	No				
Physical Malformation	No				
Paralysis or crippling disorders	No				
Alcohol or Drug Addiction	No				
Cystic Fibrosis	No				
Sickle Cell Anemia	No				
Lupus	No				
Miscarriages, still births, neonatal deaths	No				
High blood pressure, heart attacks or strokes	No				
Memory loss or dementia	No				
Osteoporosis	No				
Arthritis	No				
Allergies	No				
Blood diseases	No				
Diabetes (Specifically Type 1 or Type 2)	No				
Thyroid issues	No				
Learning disabilities	No				
Seizure or epilepsy	No				

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