

Laissa









Please choose a pseudonym for your profile:

Date of Birth: 07/07/1992

Height: 166cm

Hair Color: Dark brown

Ethnic Origin: Brazilian/ Japanese

Maternal Heritage: Japan

Blood Type: A positive

Weight (lbs): 62kg

Eye Color: Dark brown

Paternal Heritage: Portugal

Highest Level of education

College Major Faculdade

What was your college GPA?

What college(s) or university(ies) have you attended? Federal University of Paraná/Brazil

Do you have any artistic abilities? Please List: Dance / Actress

Do you have any athletic abilities? Please list: I did rhythmic gymnastics for 10 years.

What is your current occupation? Event Producer

Please describe your personality: I'm a friendly person and I would always like to be close to family and friends, studious and persistent.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? I do not use and never had to use

Have you worn braces? Yes

Why do you want to become a donor? To raise money and help my 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 preference, marital status, ethnicity or sex of the egg recipient?

If no, please explain. Yes, I'm open for that.

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? No

Are you open to exchanging future contact information with your intended Parents(s)? Yes, but I'd rather not stay in touch

Where did you grow up? Brazil

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

Yes, she is a year and a half older and we are very much alike physically, but her personality is a bit different from mine

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:

Never had any of these problems

Do you drink alcohol? If yes, how many drinks per week? Yes, I drink socially once or twice a month

Have you ever been pregnant? If yes, how many times and what was the outcome? Never been pregnant before

Have you ever been a donor before? If yes, did a pregnancy occur?

No, I never donated.

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, it's regular.

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		
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		
Memory loss or dementia	Yes No X		Yes No		
Osteoporosis	Yes No X		Yes No		
Arthritis	Yes No X		Yes No		
Allergies	Yes X No	Rhinitis	Yes No		
Blood diseases	Yes No X		Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes X No	Paternal grandmother	Yes No X	76	

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Thyroid issues	Yes No X		Yes No		
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		