

















**Please choose a pseudonym for your profile: Ana Nardi**

**Date of Birth: 24/08/90**

**Height: 1,78**

**Weight (lbs): 63KG**

**HairColor: Black**

**Eye Color: Green**

**Ethnic Origin: Italian/Spanish**

**Maternal Heritage: Spanish**

**Paternal Heritage: Italian**

**Blood Type: A+**

**College Major**

Nutritionist – Anhembi São Paulo

**What was your college GPA?**

We don't have GPA in Brazil, the grade is 1 to 10 and. My grade its around 8-10

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

Uniara and Anhembi, São Paulo.

**Do you have any artistic abilities? Please List:**

Yes, I love to sing and dance.

**Do you have any athletic abilities? Please list:**

Yes, I love to go to the gym every day, swim, run, practice all kind of sports

**What is you current occupation?**

I'm model and business woman.

**Please describe your personality:**

I consider myself a very strong person, hard worker and I love to be around friends

**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 feel blessed to help a couple have a child.

**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?**

Yes



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

Yes

**Are you open to exchanging future contact information with your intended Parents(s)?**

Yes

**Where did you grow up?**

Brazil – São Paulo

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

**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?**

Around 2 glasses of wine per week.

**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?**

Yes, yes.

**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	56	1,85	Green	Black	College		businessman
Mother	F	56	1,77	Green	Hazel	College		businesswoman

Family Genetic History								
Paternal Grandmother	F	81	1,82	Green	Blonde	Don't know		housewife
Paternal Grandfather	M	83	1,88	Green	Black	Don't know		Businessman
Maternal Grandmother	F	80	1,71	Blue	Hazel	Don't know		Housewife
Maternal Grandfather	M	85	1,85	Hazel	Hazel	Don't know		Farmer
Sibling								
Sibling								
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		

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



Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Diabetes (Specifically Type 1 or Type 2)	Yes No X		Yes No		
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		