











**Please choose a pseudonym for your profile: lonela90**

**Date of Birth:20/06/1990**

**Height: 171cm**

**Weight (lbs):**

**Hair Color: brown**

**Eye Color:brown with green**

**Ethnic Origin:Romania**

**Maternal Heritage: Romania**

**Paternal Heritage:Romania**

**Blood Type:**

**Highest Level of education**

**College Major**

**What was your college GPA?**

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

Banking University of Bucharest

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

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

I have a good co-ordination

**What is you current occupation?**

Model

**Please describe your personality:**

What can I say about myself is that I m a social person, loving to make friends, very positive,ambitious, charismatic and very funny.

**Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?**

No

**Have you worn braces?**

Yes

**Why do you want to become a doner?**

I decided to be a Doner because it s great to make somebody happy and I can earn some money for my projects

**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, totally prepared

**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 have no problem

**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?**

In the capital of Romania, Bucharest

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

I have an older sister, she s 3 years older than me, and I learned a lot from her.

**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?**

Casually

**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	58	175	Blue	Blonde	High school	No	Retired
Mother	F	61	168	Brown	Brown	High school	No	Retired
Paternal Grandmother	F	86	160	Brown	Light Brown	-	Yes	
Paternal Grandfather	M	89	170	Blue	Brown	-	Yes	
Maternal Grandmother	F	90	165	Green	Brown	-	Yes	
Maternal Grandfather	M							
Sibling								
Sibling								
Sibling								
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
			Yes	No		
Cancer	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>	No		Yes No		
<b>Autism / Asperger's</b>	No		Yes No		
<b>Physical Malformation</b>	No		Yes No		
<b>Paralysis or crippling disorders</b>	No		Yes No		
<b>Alcohol or Drug Addiction</b>	No		Yes No		
<b>Cystic Fibrosis</b>	No		Yes No		
<b>Sickle Cell Anemia</b>	No		Yes No		
<b>Lupus</b>	No		Yes No		
<b>Miscarriages, still births, neonatal deaths</b>	No		Yes No		
<b>High blood pressure, heart attacks or strokes</b>	No		Yes No		
<b>Memory loss or dementia</b>	No		Yes No		
<b>Osteoporosis</b>	No		Yes No		
<b>Arthritis</b>	No		Yes No		
<b>Allergies</b>	No		Yes No		
<b>Blood diseases</b>	No		Yes No		
<b>Diabetes (Specifically Type 1 or Type 2)</b>	No		Yes No		
<b>Thyroid issues</b>	No		Yes No		
<b>Learning disabilities</b>	No		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>Seizure or epilepsy</b>	No		Yes No		
<b>Depression</b>	No		Yes No		
<b>Panic attacks</b>	No		Yes No		
<b>Schizophrenia</b>	No		Yes No		
<b>Bipolar Disorder</b>	No		Yes No		
<b>ADD or ADHD</b>	No		Yes No		
<b>Age-related issues</b>	No		Yes No		
<b>Kidney problems / diseases</b>	No		Yes No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	No		Yes No		
<b>Vision/Sight/Eye Problems</b>	No		Yes No		