











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

**Date of Birth:** 19/04/1992

**Height:** 5' 7" or 1,70m

**Weight (lbs):** 125,663 or 57kgs

**HairColor:** brown

**Eye Color:** Brown

**Ethnic Origin:** Caucasian

**Maternal Heritage:** Brazilian

**Paternal Heritage:** Portuguese

**Blood Type:** A+

**Highest Level of education**

**College Major**

**What was your college GPA?**

Bachelor of Hospitality

awaiting response to the masters of the university of algarve - portugal

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

Universidade federal rural do Rio de Janeiro

**Do you have any artistic abilities? Please List:  
crafts, cooking**

**Do you have any athletic abilities? Please list:  
Dance, swimming, Thai chi chuan**

**What is you current occupation?**

Student

**Please describe your personality:**

.

I'm communicative, determined, leader and strong . I adore adrenaline and adventure, but I like traditional things. I also appreciate the simple things in life, love children and travel! I'm a people person, I really enjoy meeting and working with several different personalities and the most important thing in the world for me is my family and being able to feel at peace with myself.

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

Not

**Have you worn braces?**

Not

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

I see it as a way to help families have what is most precious in this world that is 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 I believe that love transcends anything

**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?**

Not

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

Yes

**Where did you grow up?**

Rio de Janeiro – Brazil

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

Yes 4.

my big sister is 36 years old, it's just from mother, she has 2 beautiful daughters. Victoria is 19 years old and she is my best friend, we do not live together anymore, but we talk 3 times a day or more, same father and same mother as my little brother is 15 years old, but I took care of him since he was born and it's like he's a son to me! I have one more half brother on the part of my father of 12 years who only saw him twice in his life because he lives in a place far from Brazil.

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

Not

**Personal Health History**

**Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:**

Not

**Do you drink alcohol? If yes, how many drinks per week?**

**Yes, Only when I work at parties.**

**Have you ever been pregnant? If yes, how many times and what was the outcome?**

**Not**

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

**Not**

**Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?**

**yes, contraceptive Niki**

**Are you taking any recreational drugs? If yes, what are you taking?**

**Not**

**Do you smoke?**

**Not**

**Are your menstrual cycles regular? If no, please explain:**

**Yes because currently I taking contraceptive.**

### **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	57	1,70m	Brown	Black	High school	Not	Retired
Mother	F	53	1,65m	Green	Dark blond	High school	Not	assistant store manager
Paternal Grandmother	F	102	1,68	Dark brown	Black	Middle school	Yes	Merchant



Family Genetic History								
Paternal Grandfather	M	90	1,71	Green	Blond	High school		
Maternal Grandmother	F	79	1,53	Black	Black	Middle school	Not	Retired
Maternal Grandfather	M	-	1,70	Green	Blond	High school	Yes	Merchant
Sibling	F	36	1,65	Dark brown	Brown	College	Not	Trade Representative
Sibling	F	19	1,67	Brown	Dark brown	High school	Not	Student
Sibling	M	15	1,66	Green	Dark brown	High school	Not	Student
Sibling	M	12	?	Dark brown	Black	Middle school	Not	Student

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes x No	Paternal grandmother	Yes x No	64	71
Mental Retardation	Yes No x		Yes No		
Autism / Asperger's	Yes No x		Yes No		
Physical Malformation	Yes No x		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
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 x No	Father	Yes No x	37	
Memory loss or dementia	Yes No x		Yes No		
Osteoporosis	Yes No x		Yes No		
Arthritis	Yes No x		Yes No		
Allergies	Yes No x		Yes No		
Blood diseases	Yes No x		Yes No		
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		

<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>Schizophrenia</b>	Yes No		Yes No		
<b>Bipolar Disorder</b>	Yes No x		Yes No		
<b>ADD or ADHD</b>	Yes No x		Yes No		
<b>Age-related issues</b>	Yes No x		Yes No		
<b>Kidney problems / diseases</b>	Yes No x		Yes No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	Yes No x		Yes No		
<b>Vision/Sight/Eye Problems</b>	Yes No x		Yes No		