

Sasha  
Proven egg donor +/- 27 eggs



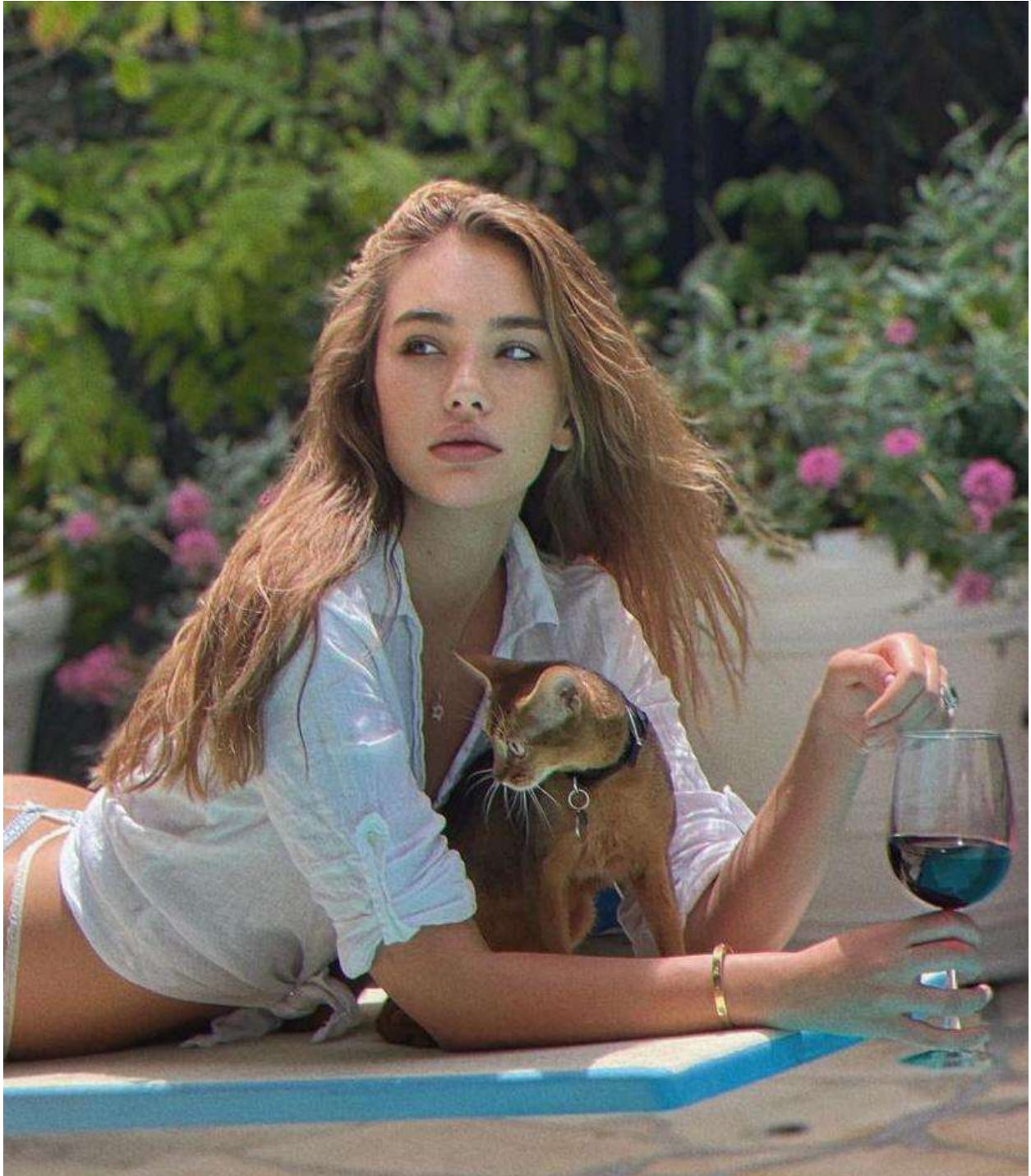
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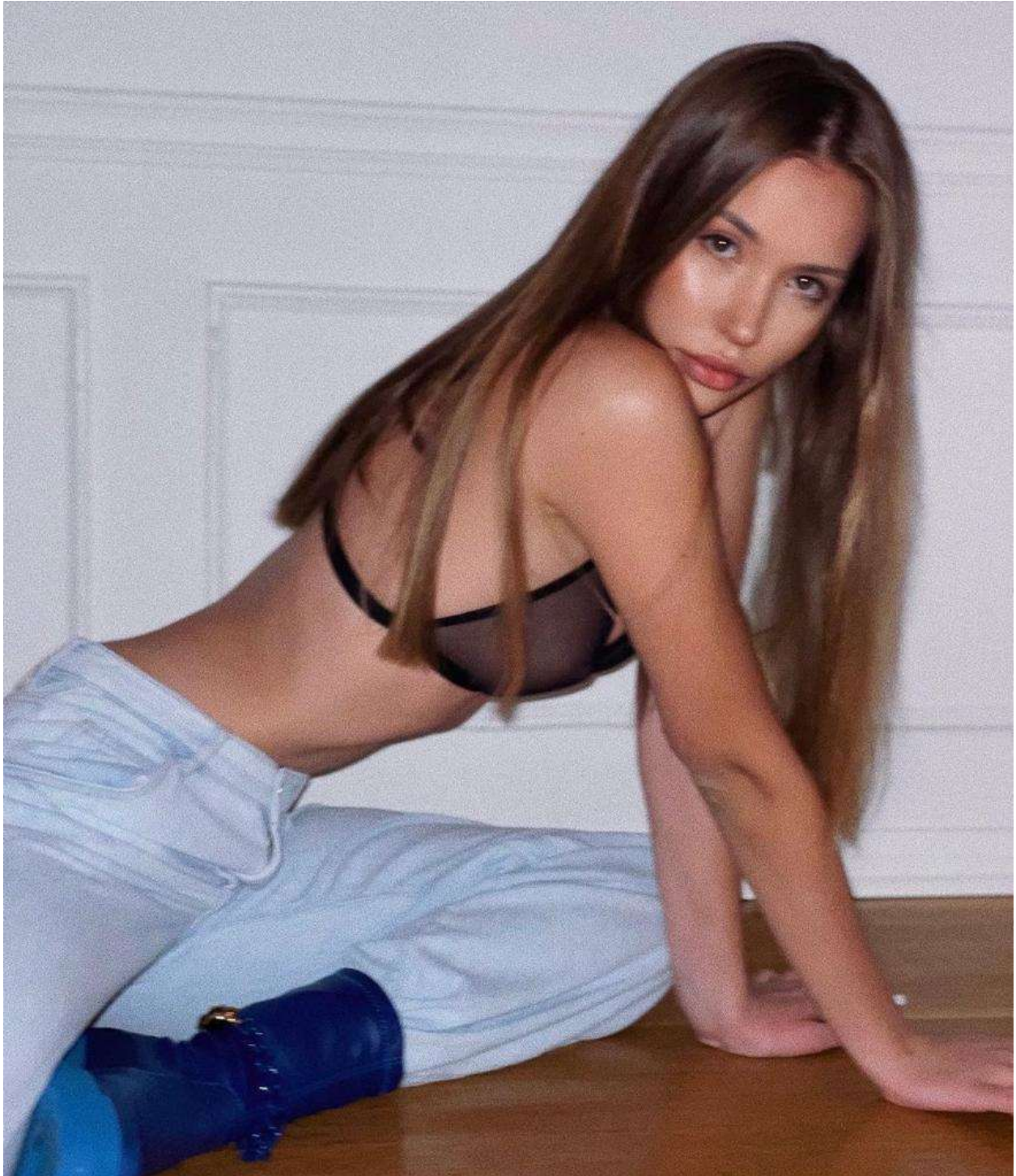
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|                   |                   |
|-------------------|-------------------|
| Ethnicity         | Russian/Caucasian |
| Maternal Heritage |                   |

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|                          |            |
|--------------------------|------------|
| <b>Paternal Heritage</b> |            |
| <b>Year Born</b>         | 06/03/1997 |
| <b>Marital Status</b>    | Single     |
| <b>Blood Type</b>        | O (1) RH+  |
| <b>Exact Height</b>      | 5'10       |
| <b>Weight</b>            | 145        |

|                                    |                                        |
|------------------------------------|----------------------------------------|
| <b>Natural Hair Color:</b>         | Dark Blonde                            |
| <b>Eye Color:</b>                  | Hazel                                  |
| <b>Complexion:</b>                 | Fair                                   |
| <b>Highest Level of Education:</b> | University                             |
| <b>University Name:</b>            | Piekhonov university of economics      |
| <b>Name of Your Degree:</b>        | Moscow industrial and economic college |

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

Yes, i am a professional painter. I did major exhibitions at art basel. I did collaborations with famous painters and artists. I work with celebrities.

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

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No

**What is your current occupation?**

Painter

**Please describe your personality**

I consider myself a very kind, caring, sympathetic, purposeful and easy-to-learn person. Also, all my life I have achieved great success in everything that I would not try. At the moment, for several years I have been professionally engaged in art. I paint in oils and acrylics. am one of the few artists around the world who without the participation of galleries or sponsors, was able to do joint group art shows with such famous artists as banksy, mr.brainwash, Damien hirst, punkmetender and so on. I'm also the only artist in the world that Steve oki recently collaborated with. And I did a successful art show of my own at art basel week in Miami. Several articles were published about me, and I am in the ranking of the most promising artists. I achieved all these successes on my own, at the age of 25 and in just a year of promoting myself as an artist. Before that, I was engaged in marketing, also successfully. Also I have a very good character and I'm a positive person.

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

Yes

**Have you worn braces?**

No

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

I would love to be able to help out women who are not able to have children.

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**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 not, please explain.**

Yes

**Please explain why?**

**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

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|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <b>Where did you grow up?</b>                                                                                  |
| Moscow, Russia                                                                                                 |
| <b>Do you have any siblings?</b>                                                                               |
| Yes                                                                                                            |
| <b>Do you have any children?</b>                                                                               |
| No                                                                                                             |
| <b>Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)?</b> |
| None                                                                                                           |
| <b>Do you drink alcohol?</b>                                                                                   |
| No                                                                                                             |
| <b>Have you ever been pregnant?</b>                                                                            |
| No                                                                                                             |
| <b>Have you ever been a donor before?</b>                                                                      |
| Yes                                                                                                            |
| <b>Are you currently taking any medication (for physical or mental health)?</b>                                |

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|                                               |
|-----------------------------------------------|
| No                                            |
| <b>Are you taking any recreational drugs?</b> |
| No                                            |
| <b>Do you smoke?</b>                          |
| No                                            |
| <b>Are your menstrual cycles regular?</b>     |
| Yes                                           |

### Family Genetic History

| Biological Family Member          | Sex        | Age       | Height | Eye Color | Hair Color | Educational Level | Deceased | Occupational        |
|-----------------------------------|------------|-----------|--------|-----------|------------|-------------------|----------|---------------------|
| <b>Mother</b>                     | Female     | 55        | 5'8    | Brown     | Brown      | College           | No       | Defectologist       |
| <b>Father</b>                     | Male       | 63        | 6'3    | Green     | Blonde     | College           | No       | Political Scientist |
| <b>Paternal Grandmother</b>       |            |           |        |           |            |                   |          |                     |
| <b>Paternal Grandfather</b>       |            |           |        |           |            |                   |          |                     |
| <b>Maternal Grandmother</b>       | Female     | 78        | 5'7    | Blue      | Blonde     | College           |          | Teacher             |
| <b>Maternal Grandfather</b>       |            |           |        |           |            |                   |          |                     |
| <b>Brother</b>                    | Male       | 27        | 6'3    | Brown     | Brown      | College           |          | IT                  |
| <b>Sister</b>                     |            |           |        |           |            |                   |          |                     |
|                                   |            |           |        |           |            |                   |          |                     |
|                                   |            |           |        |           |            |                   |          |                     |
| <b>Disease/ medical condition</b> | <b>Yes</b> | <b>No</b> |        |           |            |                   |          |                     |
| <b>Cancer</b>                     |            | No        |        |           |            |                   |          |                     |
| <b>Autism/ Asperger's</b>         |            | No        |        |           |            |                   |          |                     |

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|                                                                                                          |  |    |  |
|----------------------------------------------------------------------------------------------------------|--|----|--|
| Physical Malformation                                                                                    |  | No |  |
| Paralysis or crippling disorders                                                                         |  | No |  |
| Alcohol or Drugs Addiction                                                                               |  | No |  |
| Cystic Fibrosis                                                                                          |  | No |  |
| Sickle Cell Anemia                                                                                       |  | No |  |
| Lupus                                                                                                    |  | No |  |
| Miscarriage, still births, neonatal deaths                                                               |  | No |  |
| High Blood Pressure                                                                                      |  | No |  |
| Memory Loss                                                                                              |  | No |  |
| Disease/ medical condition                                                                               |  | No |  |
| Osteoporosis                                                                                             |  | No |  |
| Arthritis                                                                                                |  | No |  |
| Allergies                                                                                                |  | No |  |
| Please explain to whom, have they passed away (please include age), what was the age of onset/medication |  |    |  |
| Blood disease                                                                                            |  | No |  |
| Diabetes (specially Type 1 or Type 2                                                                     |  | No |  |
| Thyroids                                                                                                 |  | No |  |
| Learning Disabilities                                                                                    |  | No |  |
| Seizure or epilepsy                                                                                      |  | No |  |
| Depression                                                                                               |  | No |  |
| Panic attacks                                                                                            |  | No |  |
| Schizophrenia                                                                                            |  | No |  |

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|                                                                                         |  |    |  |
|-----------------------------------------------------------------------------------------|--|----|--|
| Bipolar Disorder                                                                        |  | No |  |
| ADD or ADHD                                                                             |  | No |  |
| Age – related issues                                                                    |  | No |  |
| Kidney Problems                                                                         |  | No |  |
| Reproductive problems i.e., endometriosis, hysterectomies, late term miscarriages, etc. |  | No |  |
| Vision/ sight/ eye problem                                                              |  | No |  |

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