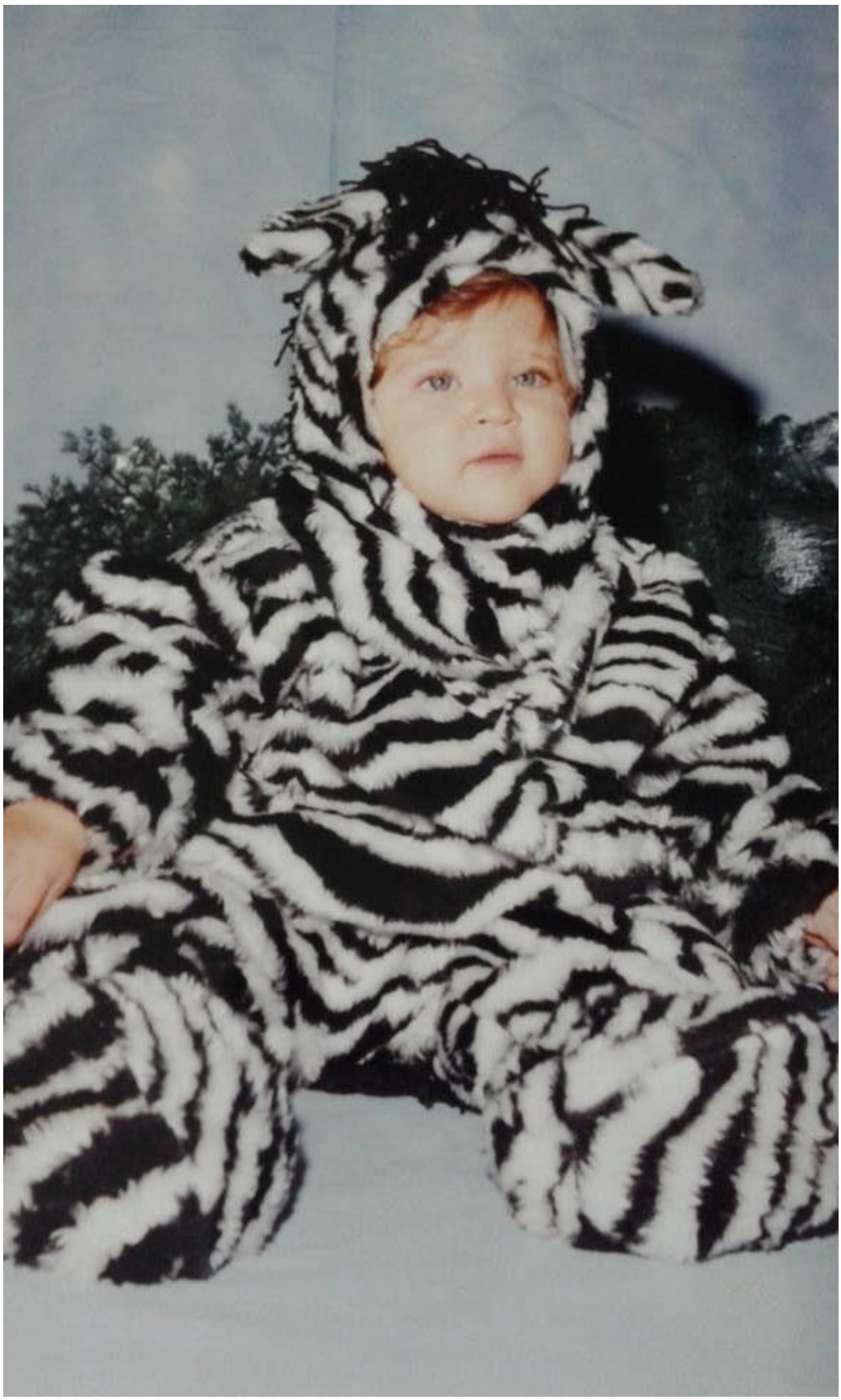

Date of Birth: 04/13/1998
Height: 5’5
Weight (lbs): 119
Hair Color: light brown
Eye Color: green
Ethnic Origin: Latina (argentinian/brazilian)
Maternal Heritage: Argentine
Paternal Heritage: Argentinian
Blood Type: A+

Highest Level of education: Currently an MBA student at West Claremont University, Los Angeles
College Major: Marketing & Advertising
What was your college GPA? 4

What college(s) or university(ies) have you attended? ESAMC - Uberlândia, Brazil
Do you have any artistic abilities? Please List:

- crochet
- Macrame
- Quilting
- Make up
- Creative writing
- Storytelling

Do you have any athletic abilities? Please list:

- Strength Training & Weightlifting
- Pilates
- Swimming
- Hiking & Outdoor Activities

What is your current occupation?

- Web Analytics and Content
- Part-time Nanny

Please describe your personality:
I’d describe myself as compassionate, dependable, and creative, with a strong sense of responsibility and empathy for others. I value balance and well-being in my life and

make it a priority to stay active and take care of both my body and mind. I enjoy fitness, outdoor activities, and keeping healthy routines that give me energy and focus.

I'm also very creative and love artistic, hands-on projects that let me be patient, detail-oriented, and imaginative. I'm naturally curious and motivated, always open to learning and growing through new experiences. People close to me would say I'm caring, adaptable, and positive, and that I genuinely enjoy connecting with others and building meaningful relationships.

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 donor?

I want to be an egg donor because I know how meaningful it is for many families to have the chance to grow, and I feel grateful to be able to help make that possible. At the same time, this experience is valuable to me as well. It gives me the chance to do something truly impactful for others while also supporting my own personal and financial goals. I see it as a way to contribute to something bigger than myself, while also gaining something positive for my own life.

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?

I do understand that being a donor is a big responsibility and that it requires time, commitment, and following the process carefully. I feel prepared to take on that responsibility because I value the importance of what this means for a family. I'm comfortable with medical settings, and I'm ready to attend appointments, follow instructions, and do what's necessary to ensure everything goes smoothly. I see it as a meaningful commitment, and I'm willing to put in the effort to do it responsibly

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?
No

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

Where did you grow up?
Uberlândia, Minas Gerais - Brazil

Do you have any siblings? If so, tell us about each of them:
Yes, I have an older brother, he's 4 years older than me. My brother is very talented in the arts. He is an amazing painter and illustrator, and he also works with graphic design. His creativity and skill really stand out in everything he does.

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?
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	66	5’11	brown	brown	masters	N/A	Business Owner / Telecommunication Engineer
Mother	F	63	5’5	brown	light brown	bachelor	N/A	housewife
Paternal Grandmother	F	deceased	5’6	green	brown	high school	2011	housewife
Paternal Grandfather	M	deceased	6’0	brown	brown	high school	2015	chief of police
Maternal Grandmother	F	deceased	5’4	hazel	brown	middle school	1992	housewife

Maternal Grandfather	M	deceased	5’10	brown	blonde	high school	1992	auto mechanic
Sibling	M	31	5’11	brown	dark brown	bachelor	N/A	graphic designer/ visual artist
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***		Yes No		
Mental Retardation	Yes ***No***		Yes No		
Autism / Asperger's	Yes ***No***		Yes No		
Physical Malformation	Yes ***No***		Yes No		
Paralysis or crippling disorders	Yes ***No***		Yes No		
Alcohol or Drug Addiction	Yes ***No***		Yes No		
Cystic Fibrosis	Yes ***No***		Yes No		
Sickle Cell Anemia	Yes ***No***		Yes No		
Lupus	Yes ***No***		Yes No		
Miscarriages, still births, neonatal deaths	Yes ***No***		Yes No		

High blood pressure, heart attacks or strokes	Yes ***No***		Yes No		
Memory loss or dementia	Yes ***No***		Yes No		
Osteoporosis	Yes ***No***		Yes No		
Arthritis	Yes ***No***		Yes No		
Allergies	Yes ***No***		Yes No		
Blood diseases	Yes ***No***		Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes ***No***		Yes No		
Thyroid issues	Yes ***No***		Yes No		
Learning disabilities	Yes ***No***		Yes No		
Seizure or epilepsy	Yes ***No***		Yes No		
Depression	Yes ***No***		Yes No		
Panic attacks	Yes ***No***		Yes No		
Schizophrenia	Yes ***No***		Yes No		
Bipolar Disorder	Yes ***No***		Yes No		
Disease/Medical Condition	**Check one**	**To Whom**	**Passed away?**	**Age of onset/Medication**	**Age at the time of passing**
ADD or ADHD	Yes ***No***		Yes No		
Age-related issues	***Yes*** No	Grand parents (maternal)	***Yes*** No	92 (grandfather) 87 (grandmother)	92 and 87

Kidney problems / diseases	Yes ***No***		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes ***No***		Yes No		
Vision/Sight/Eye Problems	Yes ***No***		Yes No		