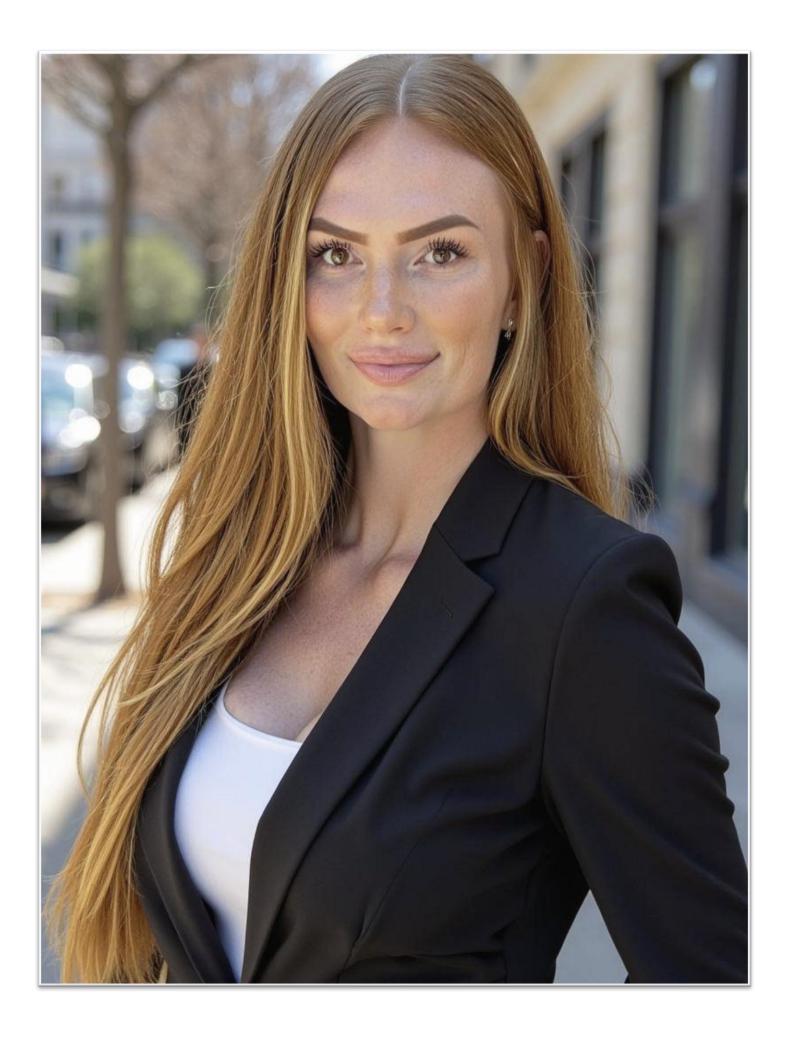




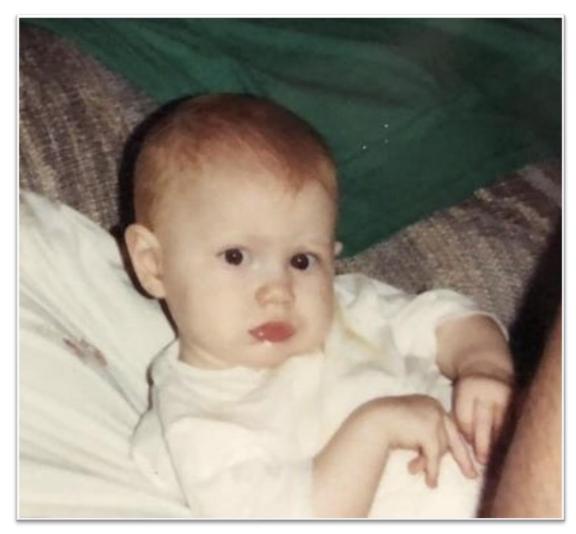
CD1406

Eye Color	Hair Color	Height
Hazel	Red	5'9
Ethnicity	Blood Type	Education
Caucasian	О	College
Donor Location	Date of Birth	
CA, USA	08-11-1993	











Physical Information Eye Color Hazel **Natural Hair Color** Red **Natural Hair Type** Wavy **Corrective Dental** No Vision Excellent Complexion/Skin Tone Fair What is your occupation? Senior Executive Administrator Do you have any musical talents? If any, please list. Average Do you have any artistic abilities? If any, please list. Average Do you play sports or exercise? Yes, Basketball, volleyball, track, lifting, CrossFit How often do you exercise? 6 Days per week. Please describe your athletic abilities. Very athletic. Played many sports in highschool to include volleyball, basketball, track, and softball. I work out every day, do CrossFit and lifting. I also love to run.

Please describe your personality.

Strong, independent, passionate, outgoing, calm, and funny.

Please describe your hobbies.

I enjoy spending time with my family and staying active. I love watching my son's football and rugby games, reading in quiet moments, spending time outdoors, and keeping things organized at home. I also enjoy planning fun activities and making the most of our time together.

Education

College & Military Business Administration Minor Human Resources Park University GPA - 3.6

Reproductive Information Have you ever been pregnant? Number of Children, if any. **Current method of birth control. Pills** How often do you get your menstrual period? Monthly Have you ever had an abortion, miscarriage, or ectopic pregnancy? Estimated last date of PAP smear, normal or abnormal? 2025-01-15- Normal Personal Health and Medical Information Overall health condition Excellent Are you adopted? No If so, do you have your biological parents' information? Do you have or have you ever had a serious health problem? Are you currently treating any diseases? If so, please list. Have you ever had any surgery (medical, dental or plastic cosmetic)? 2015-breast augmentation Have you taken any medications within the past 12 months? No Have you ever had any surgery (medical, dental or plastic/cosmetic)?

Have you ever had syphilis or gonorrhea? No

Do you have any birth defects?

Have you ever been diagnosed with cancer?

Have you ever had hepatitiss B or C? No
Have you ever had a blood transfusion? No
Have you ever been rejected for a blood transfusion? No
Have you ever had serious mental health issues? No
Do you have any allergies? No
Do you drink coffee? How often (daily or weekly)? Yes, 1-2 per month.
Do you drink alcohol? How often (daily or weekly)? Yes, 1-2 per month.
Do you smoke, vape, or use marijuana? How often (daily or weekly)? No
Have you had a tattoo within the past 6 months? No
Have you had a piercing within the past 6 months? No
How is your hearing without a hearing aid? Good
Have you ever had any complications with anesthesia? No
Have you had any shots or vaccines given in the last 12 months? No
Have you ever taken anti-malarial drugs or had malaria? No
Family History
lave you or your immediate family suffered from infertility?
Ooes your family have twins or triplets?
lave any of your family members ever had a serious mental illness?
o you or any of your family members have genetic disorders? No

Family Information

Please tell us some basic details about your biological mother.

Age and Health Status 63 - Healthy	
Height	
5'6	
Weight	
130 lbs	
Hair Color	
Brown	
Eye Color	
Hazel	

Please tell us some basic details about your biological father

Age and Health Status 71- Healthy				
Height				
6'5				
Weight				
210lbs				
Hair Color				
Brown				
Eye Color				
Green				

Please tell us some basic details about your biological grandparents

	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Age and Health Status	92	9	88	91
Height	5'7	5'9	5'6	6'0
Weight	Na	180bs	120lbs	180lbs
Hair Color	Blonde	Blonde	Auburn	Red
Eye Color	Green	Green	Hazel	Green

Egg Donation History

Why do you want to become an egg donor?

Pregnancy outcomes (if known and applicable).

N/a

I want to become an egg donor because I believe everyone deserves the chance to experience the joy of parenthood. As a mother, I know how deeply rewarding it is to love and raise a child, and I feel honored to help make that possible for someone else. If I can play a small part in helping another family grow, then it's something I'm proud to do.

If you could send a message to the Intended Parents. What would you say?

Thank you for considering me to be a part of something so special. I can only imagine how meaningful this journey is for you, and it's an honor to support you in such a personal and life-changing way. I hope this gift brings you one step closer to the family you've been dreaming of. Wishing you all t he love, strength, and happiness as you move forward on this path—you deserve it.

What kind of contract do you want to sign with your prospective parents? Anonymous			
Have you donated eggs in the past?			
No			
Please list the date			
N/a			
Name of the clinic			
N/a			
Number of eggs retrieved.			
N/a			
Number of embryos that passed PGS testing.			
N/a			