



Donor 209

Introduction

Year of Birth:
1997

Height (m):
1,66

Weight (kg):
46

Hair Color:
Blond

Eye Color:
Green

Ethnic Origin:
Brazilian

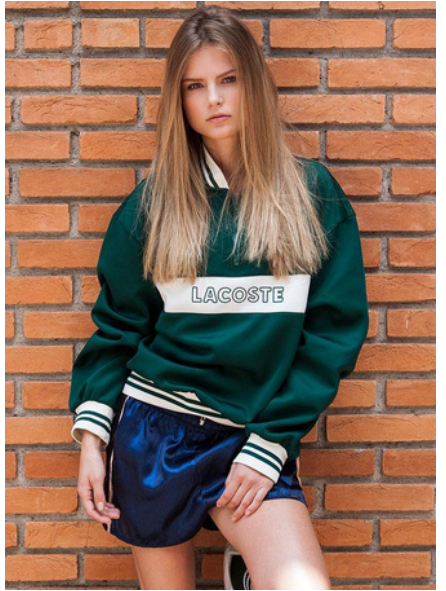
Maternal Heritage:
German

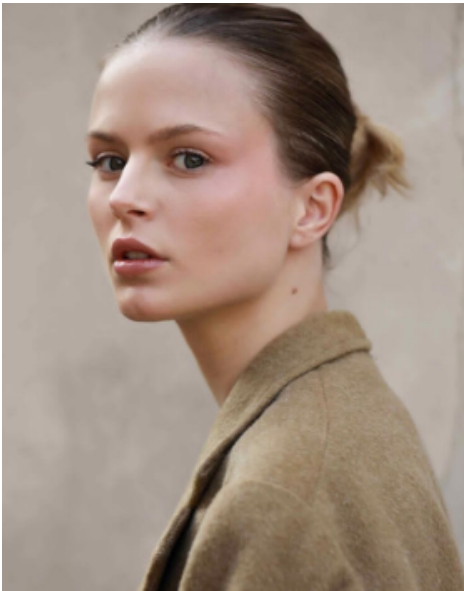
Paternal Heritage:
German and Portuguese

Blood Type:
O+

Photos









Egg Donor Personal Bio

Why have you decided to become an egg donor?

After I became a mother and received the blessing of conceiving a baby, I wanted everyone to feel that same love. It's indescribable! And being able to help makes me even more happy.

What is your current occupation? Model and beautician.

What are your professional aspirations? I really like the fashion branch and also Aesthetics, one thing is 100% linked to another. We models live from it and being able to pass on some of my knowledge in care and innovations is gratifying. I intend to specialize even more in the health area and open a personalized space, for the entire public, possibly working with the best professionals from different areas of health.

Describe a typical day in your life. Something that is always present in my daily life is training. I really enjoy training at the gym, but I also enjoy riding long bike paths. Each different path always makes them special. But something I wouldn't trade for anything is the time I spend with my daughter.

If you could visit anywhere in the world, where would it be and why? Italy. In my opinion, there is a magic, a romanticism, in every detail, every building. To discover its beauty, just open your eyes.

What would you consider your greatest strengths and weaknesses?

Persistence, discipline, respect, humility, determination. Weaknesses: Anxious, not knowing how to react to conflicts, very self-critical, stubborn.

Do you have any special skills or hobbies? For example, do you excel in athletics, art, cooking, musical abilities, etc. Singing and cycling.

Who would you consider to be your role model and why?

My mom. She got pregnant very young and yet, she didn't let anything shake her, a warrior, a fighter, to always provide the best for me. She wanted my happiness and she did her best for it.

Describe your favorite memory. When I first breastfed my daughter.

Describe your personality and character. Ambitious and humble.

What are your favorite foods? Japanese food and pasta.

What is your favorite color? Orange.

What is your favorite place? Home, my house.

What have been your best achievements as an adult? To have my own house and work at what I like.

What are your future goals? Personal growth, working on my psychology, my conditioning, working and taking care of myself in the best way. And professional, to be considered the best at what I do.

What steps have you taken towards them? I keep a cadence of training, consultations with professionals, putting myself first and keeping in mind that I do for myself and I am my priority. If it's not me running after it, it won't be anyone!

What is your philosophy on life? All people and moments, whether good or bad, are essential. It is in these situations that we will understand our strength and our ability to get up. Nothing is given to us if we are not able to carry the burden. Believe and know how to value each good moment that is destined for you.

What kind of support do you expect from your spouse/partner, family, friends and co-workers during the egg donation process? My family is very supportive and supports me in my decisions.

What do you like to do in your free time? Travel and to train.

What are your biggest passions in life? My daughter.

What were/are your favorite classes in school? Religious education and music.

What were/are your least favorite classes in school? Physical education.

Please leave a message to the intended parents. Don't be in a hurry, don't make time, your enemy. The seed will bloom when the time is right, in the meantime, don't give up, keep taking care of yourself so it's ready when the seed is planted. Having patience and waiting for it to happen is not a waste of time, but making sure there is a time for everything. All my best for you!

Education Level

What is the highest education level you have attained? Graduated in Aesthetics and personal image.

Medical Health History

Do you have any current or past medical problems? No

Have you had any cosmetic procedures, including lip injections, Botox, fillers, etc.? No

How many surgeries have you had in your lifetime, including cosmetic or reconstructive surgeries? Childbirth surgery.

What is your blood type? O+

Do you have excess body or facial hair growth? No

Do you have a history of bleeding tendencies or bruising easily? No

Do you have a history of acne? No

Have you ever worn corrective lenses? No

Have you ever had braces? No

Have you ever had neck or back problems? No

Have you ever been diagnosed or suffered from asthma? No

Have you ever suffered from migraine headaches?

Yes.Beginning of menstrual life, now I no longer suffer from migraines.

Mental Health History

Do you have any mental health problems? No

Have you ever induced vomiting or taken laxatives to lose weight or to keep from gaining weight? No

Do you feel you were ever a victim of sexual, physical, or psychological abuse? No

Have you ever intentionally hurt yourself and/or caused yourself physical harm? No

Reproductive Health History

What is your sexual orientation? Heterosexual

Have you ever participated in sexual intercourse? Yes

Are you currently sexually active? Yes

Have you had an HIV (AIDS) Test? Yes, all normal.

Have you ever been diagnosed with an STD, including genital warts or sores, herpes, gonorrhea, syphilis, or chlamydia? No

Inflammatory Disease)? No

Have you ever been diagnosed with uterine fibrosis? No

Have you ever had issues conceiving? No

Egg Donation History

How many times have you donated eggs? None

Children Delivered

How many children have you delivered? None

Please indicate what type of birth control you are currently using: Silver IUD

Do you have a menstrual cycle every month? No

How many days do your menstrual cycles last? 5

Have you ever had a pap smear? Yes

How many stillbirths have you had? None

Abortion History

Have you ever had an abortion because of abnormal fetal development? No

How many abortions have you had? None

Paternal Grandfather

Paternal Grandfather's year of birth: 1940

Alive / Deceased: Alive

If deceased, age at time of death:

List serious medical illnesses or hospitalizations. If deceased, list cause of death.

Eye color: Blue

Hair color: Brown

Height: 1,80

Weight: 85 kg

Occupation: Military

Highest education level achieved: High School Graduate

Paternal Grandmother

Paternal Grandmothers year of birth: 1945

Alive / Deceased: Alive

If deceased, age at time of death:

List serious medical illnesses or hospitalizations. If deceased, list cause of death.

Eye color: Brown

Hair color: Brown

Height: 1,70

Weight: Not sure

Occupation: Housewife

Highest education level achieved: High School Graduate

Maternal Grandfather

Maternal Grandfathers year of birth:1951

Alive / Deceased: Deceased

If deceased, age at time of death: 52

List serious medical illnesses or hospitalizations. If deceased, list cause of death. Heart attack

Eye color:Blue

Hair color:Blond

Height:1,80

Weight:Not sure

Occupation:Owner of a lumberyard

Highest education level achieved:High School Graduate

Maternal Grandmother

Maternal Grandmothers year of birth: 1959

Alive / Deceased: Alive

List serious medical illnesses or hospitalizations. If deceased, list cause of death. She has high blood pressure

Eye color: Blue

Hair color: Blond

Height: 1,68

Weight: 74 kg

Occupation: Retired

Highest education level achieved: High School Graduate

Father

Date of birth:1972

Alive / Deceased: Alive

Eye color: Brown

Hair color: Brown

Height: 1,75

Weight: 77 kg

Occupation: Bricklayer

Highest education level achieved: High School Graduate

List serious medical illnesses or hospitalizations. If deceased, list cause of death. None

Mother

Date of birth: 1979

Alive / Deceased: Alive

Eye color: Green

Hair color: Blond

Height: 1,65

Weight: 62 kg

Occupation: Nanny

Highest education level achieved: High School Graduate

List serious medical illnesses or hospitalizations. If deceased, list cause of death. None

Genetic History

Fibromyalgia? No

Systemic Lupus Erythematosus? No

Cystic fibrosis? No

Fragile X Syndrome? No

Anemia or Thalassemia? No

Hydrocephaly? No

Spina Bifida? No

Tay Sachs? No

Neurofibromatosis? No

More than 2 miscarriages? No

Physical birth defects (such as heart defect, cleft lip, club feet, extra fingers, or toes, etc.)? No

Bleeding disorders (such as hemophilia or von Willebrand disease)? No

Blood clotting disorders such as thrombosis (blood clots in the veins)? No

Stroke? No

Iron overload, hereditary hemochromatosis, or cirrhosis of the liver? No

Heart disease, including high blood pressure, arrhythmia, heart attack, heart failure, high cholesterol, atherosclerosis, or coronary artery disease? My maternal grandmother has high blood pressure.

Anyone with reflux or chronic heartburn, hiatal hernia, gallstones, ulcers, colitis, irritable bowel syndrome, crohns disease, or other gastrointestinal problems? No

Kidney disease such as polycystic kidneys, missing or abnormal kidneys, kidney failure, or kidney stones? No

Diabetes, thyroid, or any other hormone disorder? No

Blindness in one or both eyes, glaucoma, cataracts, color blindness, or any other vision or eye problem? No

Hearing loss in one or both ears or any outer ear abnormality? No

Bones that break easily, osteoporosis, or scoliosis? No

Joint or muscle problems (such as weakness, muscular dystrophy, or MS)? No

Huntington disease, Alzheimer disease, Parkinson disease, cerebral palsy, or other nerve problems? No

Seizures or epilepsy? No

Breathing problems, such as emphysema or asthma? No

Allergies including drug, food, or environmental? No

Serious skin conditions such as multiple birthmarks, lumps, bumps, scaly skin, eczema or psoriasis? No

Any type of cancer, including leukemia, lymphoma, and other blood cancers? No

Dwarfism or unusually short stature? No

Anyone who is seriously overweight? No

Eating disorders such as anorexia or bulimia? No

Depression including situational depression? No

Suicide or suicide attempts? No

Manic depression, bipolar disorder, schizophrenia or Anxiety? No

Hospitalized or diagnosed with any other mental health condition or crisis? No

Does anyone in your family have any Mental or emotional disorders? No

Heavy alcohol use? No

Alcoholism? No

Recreational or prescription drug abuse? No

Attention Deficit Disorder / Attention Deficit Hyperactivity No

Disorder? Autism, Autism Spectrum / Aspergers Syndrome? No

Learning disability (including dyslexia)? No

Developmental delays or low IQ? No

Down syndrome or any other chromosome disorder? No