Please choose a pseudonym for your profile: Robs
Date of Birth: 12/02/1998
Height: 1,74 cm   **Weight (lbs): 133 pounds**
Hair Color: Brown   **Eye Color: Brown**
Ethnic Origin: Brazilian, Portuguese, Native
Maternal Heritage: Brazilian Native   **Paternal**
Heritage: Brazilian Portuguese
Blood Type: O+

Highest Level of education : College graduation
College Major: Communication/ Marketing

What was your college GPA? 4

What college(s) or university(ies) have you attended?
Federal University of Espirito Santo, Brazil

Do you have any artistic abilities? Please List:
Dancing and Acting. I took acting, ballet, and ballroom dance classes for 8 years.

Do you have any athletic abilities? Please list:
Swimming for 10 years and Soccer for 4 years.

What is you current occupation?
Implementation Consulting for an AI software

Please describe your personality:
My personality is optimistic, outgoing, and friendly, with the ability to communicate easily, always seeking new experiences, making friends effortlessly, demonstrating mental agility, and being a warm, approachable person.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?
No

Have you worn braces?
Braces for limited treatment (4 months at 15 years old)

Why do you want to become a donor?
I feel a strong desire to help individuals or couples struggling with infertility fulfill their dream of having a family. My decision to donate eggs can be incredibly meaningful to those who otherwise wouldn't have the chance to conceive. Bringing a sense of purpose and wanting to make a difference in the world.

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, I do.

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?
I'm not interested in meeting the child

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

Where did you grow up?
In Brazil

Do you have any siblings? If so, tell us about each of them:
No Siblings

Do you have any children? If so, tell us about each of them:
No Children

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:
No medical problems. My only surgery was breast implants

Do you drink alcohol? If yes, how many drinks per week?
Yes. 2 drinks per week

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?
Never

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	60	5'10"	Brown	Brown	master degree	no	mechanical engineer
Mother	F	62	5'3"	Brown	Brown	graduated high school	no	Sales
Paternal Grandmother	F	80	5'2"	Hazel	Blond	graduated high school	yes	Teacher
Paternal Grandfather	M	86	6'0"	Brown	Brown	graduated high school	yes	Farmer
Maternal Grandmother	F	80	5'4"	Brown	Brown	graduated high school	no	Teacher
Maternal Grandfather	M	don't know	don't know	Brown	Brown	graduated high school	yes	I don't know. I've never met him
Sibling								
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		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
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		
ADD or ADHD	Yes No		Yes No		
Age-related issues	Yes No		Yes No		
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		