



ACRC Global
Angels Creation Reproductive Center



(Donor 55)

Introduction

Year of Birth:
1993

Height (m):
1.70

Weight (kg):
55

Hair Color:
light brown

Eye Color:
greenish brown

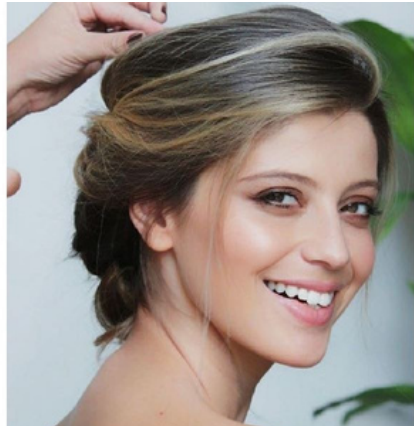
Ethnic Origin:
Spanish/Italian

Maternal Heritage:
Spanish

Paternal Heritage:
Italian

Blood Type:
A-

Photos





Highest Level of education

College Major

What was your college GPA? 9**What college(s) or university(ies) have you attended?**

Public College and private university

Do you have any artistic abilities? Please List:

Draw, act, play musical instruments, Writs movie scripts

Do you have any athletic abilities? Please list:

Former volleyball player

What is you current occupation?

Student of the Environment, model and action

Please describe your personality:

I'm an active person, I do not like to do nothing, I work very hard and I study music, I write some scripts, I have a very strong personality

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

Yes, a year to perfect my smile

Why do you want to become a donor?

Helping others has always been one of my priorities

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 no, please explain.

Yes

Where did you grow up?

I grew up in the capital of São Paulo with my parents and brothers

Do you have any siblings? If so, tell us about each of them:

I have brothers, everyone in charge, each with a gift, a lawyer, another chef, another administrator

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:

An Orthognatic Surgery (I just did this surgery for aesthetics, to align my teeth not to use the device)

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

Rarity once or twice a month

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 (m)	Eye Color	Hair Color	Education Level	Deceased	Occupation
Father	M	68	1.80	Light Brown	Dark Brown	Complete half full	No	Retired
Mother	F	58	1.72	Honey	Dark Brown	Complete half full	No	Retired
Paternal Grandmother	F		1.60	Green	Blond		Yes	
Paternal Grandfather	M		1.80	Black	Brown		Yes	
Maternal Grandmother	F	83	1.60	Dark Green	Dark Blond	Element ary school	No	Retired
Maternal Grandfather	M		1.83	Black	Dark Brown		Yes	
Sibling	F	28	1.71	Light Brown	Light Brown	University	No	Law student
Sibling	F	35	1.70	Dark Black	Dark Brown	Complete half full	No	Chef

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	No	No	No	No	No
Mental Retardation	No	No	No	No	No
Autism / Asperger's	No	No	No	No	No
Physical Malformation	No	No	No	No	No
Paralysis or crippling disorders	No	No	No	No	No
Alcohol or Drug Addiction	No	No	No	No	No
Cystic Fibrosis	No	No	No	No	No
Sickle Cell Anemia	No	No	No	No	No
Lupus	No	No	No	No	No
Miscarriages, still births, neonatal deaths	No	No	No	No	No
High blood pressure, heart attacks or strokes	No	No	No	No	No
Memory loss or dementia	No	No	No	No	No
Osteoporosis	No	No	No	No	No
Arthritis	No	No	No	No	No
Allergies	No	No	No	No	No
Blood diseases	No	No	No	No	No
Diabetes (Specifically Type 1 or Type 2)	No	No	No	No	No
Thyroid issues	No	No	No	No	No
Learning disabilities	No	No	No	No	No
Seizure or epilepsy	No	No	No	No	No
Depression	No	No	No	No	No
Panic attacks	No	No	No	No	No
Schizophrenia	No	No	No	No	No
Bipolar Disorder	No	No	No	No	No
ADD or ADHD	No	No	No	No	No
Age-related issues	No	No	No	No	No
Kidney problems / diseases	No	No	No	No	No
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No	No	No	No	No
Vision/Sight/Eye Problems	No	No	No	No	No