



ACRC Global
Angels Creation Reproductive Center



(Donor 430)

Introduction

Year of Birth:
1992

Height (m):
1.67

Weight (kg):
56

Hair Color:
Blonde

Eye Color:
Blue

Ethnic Origin:
German and Italian

Maternal Heritage:
German

Paternal Heritage:
Italian

Blood Type:
AB+

Photos





Highest Level of education: Information Technology

What was your college GPA? 10.

What college(s) or university(ies) have you attended? University Anhembi Morumbi

What is your current occupation? Beachwear store manager.

Please describe your personality: I am a very determined person and I find it easy to deal with problems and adverse situations. I try to keep myself calm and calm to make the best decisions. I strive to always do the best.

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? Because I already have my children and know how much they bring me joy and love. I want to be able to help families who cannot have children to conquer this joy too.

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? Yes.
If no, please explain.

Where did you grow up? Brazil, Guarulhos.

Do you have any siblings? If so, tell us about each of them: Yes. I have a younger brother. He's a lot of fun and I really enjoy visiting him whenever I can.

Do you have any children? If so, tell us about each of them: Yes. I have 3 children, 13, 05 and 02 years old. They are my greatest gifts in this life. My oldest son, 13 years old, is very studious and wants to be a lawyer. My middle son is 5 years old, he is very fun and loves to play on the beach. My youngest daughter is 2 years old, very calm, smart and loves to play with her plug-in toys.

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? Yes, but rarely and very little. Almost just for a toast at a party or important celebration.

Have you ever been pregnant? If yes, how many times and what was the outcome? Yes. Yes, three times and it was in the pregnancies of my three children. Everything went very well and they were born naturally.

Have you ever been a donor before? If yes, did a pregnancy occur? Yes, I've donated before, but I don't know if there was a pregnancy.

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	55	1,75	Blue	Blonde	Bachelor's Degree	Yes	Merchant
Mother	F	48	1,64	Green	Blonde	Bachelor's Degree	No	Civil servant (Social Worker)
Paternal Grandmother	F	75	1,60	Light Brown	Brown	High school	No	Housewife
Paternal Grandfather	M	77	1,75	Blue	Brown	High school	No	Retired
Maternal Grandmother	F	73	1,60	Green	Blonde	Basic education	Yes	Housewife
Maternal Grandfather	M	78	1,75	Brown	Brown	Basic education	No	Retired
Sibling	M	26	1,73	Green	Light Brown	Bachelor's Degree	No	Lawyer

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