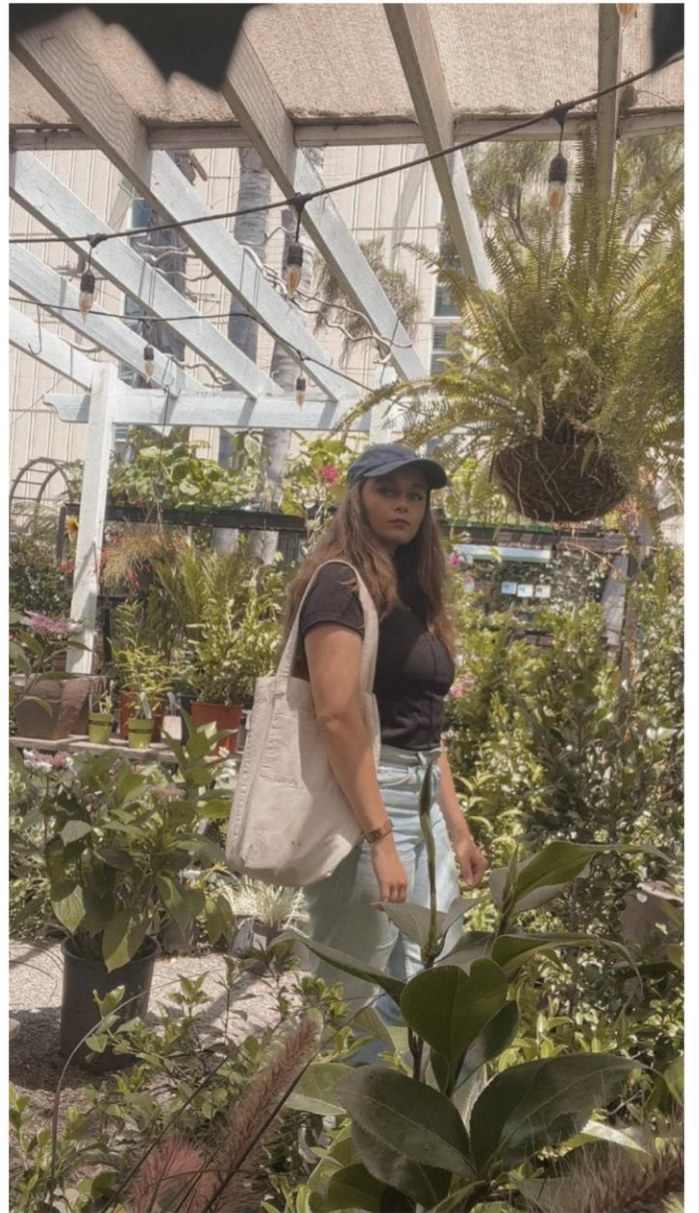


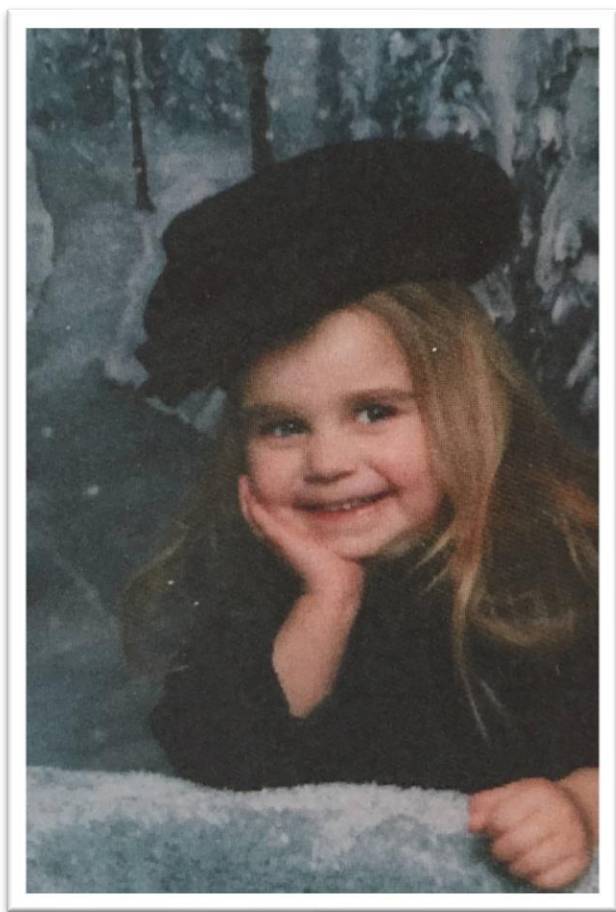
CD 1204













Basic Information:

| | |
|--------------------------------------|--|
| Date of Birth: | 08/08/1999 |
| Height: | 5'10 |
| Weight (lbs.): | 160 |
| Hair Color: | Brown |
| Eye Color: | Green |
| Ethnic Origin: | Russian, Ashkenazi Jewish, French, Italian, Scottish |
| Maternal Heritage: | Russian, Ashkenazi Jewish, French, Italian |
| Paternal Heritage: | Ashkenazi Russian and Jewish |
| Skin Complexion/Color: | Fair |
| Teeth: | Good |
| Blood Type: | B |
| Body Type: | Fit |
| Myopia: | Good |
| Hearing: | Good |
| What state & country do you live in? | San Diego, California |

Education, Career and Personality:

| | |
|---|--------------------------|
| Highest level of education: | College |
| Major: | Political Science |
| Awards, Trophies, Certifications, etc.: | 3.7 GPA |
| Do you have a learning disability? | No |
| Have you ever taken an IQ test? | No |
| Current occupation: | Student/Office Assistant |

| | |
|--|---|
| Please describe your personality? | Friends describe me as warm, reliable, and outgoing. I am always able to keep the mood light. |
| Do you have any athletic abilities? Please list: | Average, recreational exercise. Pilates, rock climbing, and running. Exercise 6X per week. |
| Do you have musical talents/play any instruments? | Singing and drums |
| Do you have any artistic abilities/talents? | Drawing and writing |
| What are your hobbies? What do you like to do for fun? | Running, rock climbing, and web design. |
| Are you adopted? | No |

Egg Donation Experience:

| | |
|--|--|
| Why do you want to be an egg donor? | My bible study leader in high school had her first child from an IVF treatment and seeing the impact in real time has made me realize that there are millions of people in the world that can rewrite their life story with the help of IVF. |
| Do you want an anonymous or open donation? | Anonymous |
| 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 not, please explain. | Yes |
| Please describe your egg donation experience: | Donor Experience #1 Month/Year: 6/2023 Clinic Name: SDFC Results: 15 Eggs retrieved |

Personal Health History:

| | |
|--|----------------------|
| Do you have any serious current physical or mental illnesses? If yes, please list. | No |
| Are you taking any medication? If so, please list medications, how frequent and why. | No |
| Do you have genetic disorders? | No |
| Have you had any physical or plastic/cosmetic surgeries? | No |
| Do you have any birth defects? | No |
| Do you have any psychological problems? | No |
| Do you drink coffee? If so, how often? | 1X per day |
| Do you drink alcohol? If yes, how often? | Holidays |
| Do you smoke or vape? | No |
| Are your menstrual cycles regular? If not, please explain. | Yes |
| Current method of birth control: | Pills |
| Have you ever been pregnant? If yes, how many times and what was the result? | No |
| When was your last pap smear? Was the result normal? | 2023-03-10 Normal |
| Do you have any infertility issues? | No |
| Have you ever had a STD or STI? If so, please list which one, when and is it healed/treated? | No |
| Have you ever had: HIV, Chlamydia, or Gonorrhea? | No |
| Have you ever had Hepatitis B or C? | No |
| Do you have any allergies? | Yes |
| Within the past 6 months, have you had a piercing or tattoo? | No |
| How is your hearing without a hearing aid? | Good |
| Have you ever had complications with anesthesia? | No |
| Have you ever had laser surgery for myopia? | No |
| Do you have juvenile gray hair? | No |

Immediate Family Information:

| | |
|---|-----|
| Does anyone in your family have a serious physical or mental illness? | No |
| Does anyone in your family have a known genetic disorder? | No |
| Does anyone in your family have a known birth defect? | No |
| Did your parents have infertility issues? | No |
| Does anyone in your family have balding hair? | No |
| Does your family have twins or triplets? | Yes |

Family's Medical & Genetic History:

| Biological Family Member | Age | Height | Eye Color | Hair Color | Education | Occupation | Health Status |
|--------------------------|-----|--------|-----------|------------|-------------|----------------|----------------------------------|
| Father | 56 | 5'8 | Green | Brown | Master's | Civil Engineer | Good |
| Mother | 54 | 5'4 | Blue | Blonde | Bachelor's | Teacher | Good |
| Paternal Grandfather | 44 | 5'7 | Green | Brown | High School | Farmer | Was Healthy until death |
| Paternal Grandmother | 83 | 5'2 | Green | Brown | High School | Farmer | Deceased Was healthy when living |
| Maternal Grandfather | 79 | 5'8 | Blue | Black | High School | Car Salesman | Healthy |
| Maternal Grandmother | 74 | 5'2 | Blue | Blonde | High School | Homemaker | Healthy |