制作
2014.03.31
L_Jie

622 FORM
SNAP Profile

Messege to the Potential Couple

YD-700-DS-725FC

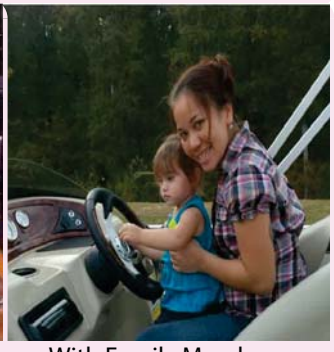
所在国家	美国
籍贯	美国
出生或年龄	29岁
身高	5'01(英文单位i)
体重	100LBS
血型	O
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否

Donor Candidate

联系方式: 400-887-1005

档案制作时间: 2014年3月份

With Family Members



With Family Members

TODAY 14-3-23

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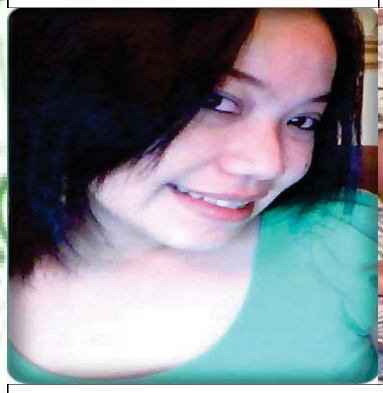
DNAP Profile

DAP Ulane.org
Donor Assessment Program

Additional 1	2	3	4
			

Additional 5	6	7	8
			

Additional 9	10	11	12
			

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 725FC

TODAY 14-3-23

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DNAP Profile

DAP Donor Assessment Program Ulane.org

Add Row				
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Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 725FC

Donor Data sourced by the Donor Agency

Nick Name:725FC

Donor Number
"725FC"
What is your city?
"San Antonio"
What is your state?
"Texas"
What race would you most likely be affiliated?
"Asian"
What is your blood type?
"O+"
Age
"29"
What is your height?
"5'01""
What is your weight in pounds?
"100"
What is your body type?
"Straight"
What is your skin complexion?
"Light"
What is your natural hair color?
"Black"
What is your hair texture?
"Fine"
What is your eye color?
"Brown"
Describe any distinguishing physical characteristics.
"youthful appearance"
Have you had any plastic surgery?
"No"
Have you had any orthodontia?
"No"
Have you had vision correction surgery?

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Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 725FC

Donor Data sourced by the Donor Agency

Nick Name:725FC

"No"
Do you have glasses?
"No"
Do you have contacts?
"No"
Do you have hearing problems?
"No"
Select the general shape of your face.
"Round"
How significant was your adolescent acne?
"Slight"
How significant is your adult acne?
"Average"
What was your natural hair color as a child?
"Brown"
What is your natural hair color as an adult?
"Black"
What is your hair type?
"Fine"
What is your hair fullness?
"Thin"
Select the general shape of your eyes.
"Almond"
Select the general size of your eyes.
"Large"
Select the general shade of your eyes.
"Light"
Select the general description of your eyebrows.
"Medium"
Select the general description of your eyelashes.
"Normal"
Select the general description of the size of your mouth.
"Medium"
Select the general description of the size of your lips.

本捐卵档案合计页为 26页

Donor Data sourced by the Donor Agency
Nick Name:725FC

"Full"

Select the general description of the shape of your chin.

"Round"

Select the general description of the cleft in your chin.

"Small"

Do you have dimples?

"Left and Right"

Select the general description of the size of your teeth.

"Average"

What is your frame size?

"Small"

What are your natural chest measurements in inches?

"34"

What is your waist size in inches?

"27"

What is your hip size in inches?

"29"

What is your dress size?

"0"

Describe any significant moles you may have on your body.

"Mole on my left cheek bone"

Select the general description of your skin tone.

"Olive"

Select the general shade of your skin.

"Fair"

Select the general description of your type of skin.

"Combination"

Select the general description of freckles on your body.

"Some"

Select the general description of your ability to tan.

"Easily"

What is your dominant hand?

"Right"

How many times have you donated eggs?

"0"

Donor Data sourced by the Donor Agency

Nick Name:725FC

What is your occupation?

"Homemaker and mother"

What is your college GPA? (or enter N/A if haven't attended college)

"3.3"

What languages do you know?

"English"

Please explain "Other"

"My native language is Tagalog(Filipino)."

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.2	Diploma	High School
Community College:	3.3	Associates	Hotel/Restaurant Managment
Bachelors Degree:			
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	didn't take	
ACT Score:		

What were/are your best subjects in school?

"My best areas of study were in language arts."

What areas of academic weakness to you have?

"My least strong subject was in science based classes."

Please describe any awards you have received. (Do not provide information that may identify you).

"I was awarded a Commander's Challenge coin for my efforts in supporting spouses of deployed airmen."

What are your career goals?

"To own and manage my own hotel in a metropolitan area."

Are your adopted?

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 725FC

Donor Data sourced by the Donor Agency

Nick Name:725FC

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Asian	Asian	Asian	Asian

What is your mother's ethnicity?

"Asian" "Other (explain)"

Please explain "Other"

"Filipino"

What is your father's ethnicity?

"Asian"

Please select the height of each of the following family members:

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	5'04"	5'05"	5'04"	5'06"	5'05"	5'07"

Please select the weight (in pounds) of each of the following family members: (please just enter the number

Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	115	135	105	150	115	145

Please select the body type of each of the following family members:

Family Body Type	Mother	Father	MGM	MGF	PGM	PGF
Body Type:	Straight	Straight	Straight	Straight	Straight	Straight

Please select the eye color of each of the following family members:

Family Eye Color	Mother	Father	MGM	MGF	PGM	PGF
Eye Color:	Brown	Brown	Brown	Brown	Brown	Brown

Please select the natural hair color of the following family members as they were when they were a young ad

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Black	Black	Black	Black	Black	Black

Please select the skin tone of each of the following family members:

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Olive	Light Brown	Light Brown	Light Brown	Light Brown	Light Brown

Are you of Mediterranean ancestry?

"No"

Are you of Jewish ancestry?

Donor Data sourced by the Donor Agency

Nick Name:725FC

"No"

Are you of African ancestry?

"No"

Are there any known genetic conditions in your family?

"No"

Do you have children?

"Yes"

Please provide the following information about your full siblings (enter n/a in a cell if you have no siblings):

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	Male	5'06"	140	Straight	Brown	Black	Light/Olive
Sibling 2:	Female	5'03"	115	Straight	Brown	Black	Light/Olive
Sibling 3:							
Sibling 4:							
Sibling 5:							

How many children do you have?

"2"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level
Mother:		47	mesothelioma	House Wife	Highschool
Father:	54			Construction	Highschool
Maternal Grandmother:		Unknown	Natural Causes	House Wife	Highschool
Maternal Grandfather:		Unknown	Natural Causes	Farmer	Highschool
Paternal Grandmother:		74	Natural Causes	Farmer	Highschool
Paternal Grandfather:		78	Natural Causes	House Wife	Highschool
Sibling 1:		25	Vehicle Accident	Handy Man	Highschool
Sibling 2:	34			House Wife	Associates Degree
Sibling 3:					
Sibling 4:					
Sibling 5:					

Donor Data sourced by the Donor Agency
Nick Name:725FC

Sibling 5:

How many full siblings are in your family? (include yourself)
"2"

Please add any other comments about your health or your immediate family's health history
"My maternal side of the family was estranged at a young age and never had a chance to kn well."

Why do you want to become an egg donor?
"financial security and helping those who are in need"

Is your husband / partner supportive of your desire to be a donor?
"Yes"

What is your personality like? Are you outgoing, shy, reserved, easy going?
"I am rather shy when initially meeting people but, after becoming acquainted I am rather easy going."

What are your plans for the future? Where do you see yourself in 5 and 10 years?
"In 5 years, I see my self finishing my bachelors degree. In 10 years I am hoping to own a hotel outside my home city in the Philippines."

What has been your most proud moment to date? What achievement are you most proud of?
"My proudest moment would be when I see my children growing. I try to inspire and embrace their desire to learn."

What is your personal philosophy of life?
"Live for the moment, plan for the future, and embrace the path between."

What do you like to do with your liesure time?
"I enjoy organizing, small craft projects, and tackling small handy-man type projects in the house."

How active are you physically?
"I am moderately active. I try to take at least 2 mile walks daily with my daughter."

What sports or activities do you participate in?
"I enjoyed playing volleyball competitively in high school/college and casually play now."

Have you played on sports teams or excelled in athletics? Which ones?
"I have been varsity for volleyball in college."

What your your other skills or talents such as writing, acting, dancing, etc.
"I was part of a competitive dance team/league for my home city."

Name some of your interests. Reading, traveling, camping, sewing, etc.
"Cooking is a fascination of mine as well as traveling."

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Donor Data sourced by the Donor Agency

Nick Name:725FC

List any clubs, sport teams, organizations that you belong to:

"I presently do not belong to any sports teams but, I am part of a military spouses' support network."

List any honors or awards you have received.

"I was awarded in college, the Rookie of the Year in volleyball."

What sort of volunteer work have you done?

"I managed a free/donation only shop for young airmen/couples at Robins AFB. I had also founded a local Meals on Wheels program in my home city."

What is your favorite food?

"My favorite foods would be; Asian cuisine, Pasta dishes, and Cajun."

What is your favorite song?

"Alanis Morrisette - Hand in my pocket is my favorite song."

Who is your favorite star / celebrity?

"Jason Statham is one of my favorite actors. His swagger and bravado makes for very entertaining movies."

What is your favorite book?

"Honestly, recipe books are what I most enjoy reading. Trying new ideas and combinations intrigues me."

What is your favorite color?

"Brown is by far my favorite color."

What is your favorite sport?

"My favorite sport to play is volleyball. My favorite sport to watch is gymnastics."

What was your favorite childhood activity?

"What any child enjoys; playing in the mud!"

Who do you admire most and why?

"I most admire my husband. He has proven capable and cunning, able to overcome many obstacles."

Do you have or did you have a pet? What type?

"In my childhood, my favorite pet was a dog."

Are you religious or spiritual?

"My religious preference is non denominational. I believe in a higher power but just try to live my life to the fullest and be a good person."

Do you practice your religion?

"I am not a practitioner of a particular dogma but I was raised in a catholic house."

What religion or spiritual ritual do you practice now?

"I do practice general Christianity but not a specific denominiation."

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Donor Data sourced by the Donor Agency

Nick Name:725FC

What is one thing that is totally unique about you?

"One unique thing about me would be: My ability to take on a challenge and not give up until it has been fully tackled."

What would you like to say to any potential recipient?

"My life has not been the easiest but, through out my resolve to move forward was solid. This attribute is strong with both my children."

Describe yourself as a young child.

"I was shy and quiet. I kept to a close group of friends."

What was your favorite thing to do as a child?

"My favorite thing to do was learn from my adoptive father. He was a carpenter by trade."

What was your favorite subject in school?

"My favorite subject in school was a mixture of technology and home economics."

What do you remember most about your mother when you were a child?

"My adoptive mother was always really caring and supportive but, I did not have a close relationship with my biological mother."

What do you remember most about your father when you were a child?

"My father biological father was very creative and intelligent and my adoptive father always made sure that his family came first."

What was your favorite vacation as a child?

"As a child, my favorite place to take a vacation was at the beaches near our city."

What problems did you have when you were a teenager? Social? Health? etc.

"When I was in High School, my adoptive father had died and I had become reclusive and lost emotionally."

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRT DEFECTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family me have a history of the specific medical condition, please check "None".

Birth Defects	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Cleft Lip / Palate:	☑								
Congenital Hip Problems:	☑								
Club Feet:	☑								
Heart Defect:	☑								
Hearing Problems:	☑								
Spina Bifida -	☑								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Neural Tube (open spine):										
Microcephaly:	✓									
Holoprosencehpaly - a single-lobed brain structure and severe skull and facial defects:	✓									
Other:										

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) ar identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a hi of the specific medical condition, please check "None".

Chromosomal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Down Syndrome:	✓								
Other (i.e. Turner, Fragile X, Klinefelter's etc.):	✓								

Carefully review the following list of medical problems (CANCER) and identify which ones you one of your genetic relatives have or had. Please consider each condition carefully for each fa member. If you and none of your family members have a history of the specific medical condit please check "None".

Cancer	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Breast:	✓								
Colon or Intestinal:	✓								
Lung:	✓								
Ovarian or Uterine:	✓								
Prostate or Testicular:	✓								
Skin:	✓								
Stomach:	✓								
Thyroid:	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Blood (e.g. leukemia):	✓							
Other:								

Carefully review the following list of medical problems (HEART) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you or none of your family members have a history of the specific medical condition please check "None".

Heart	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Stroke:	✓								
Heart Attack:	✓								
Congenital Heart Disease:	✓								
Heart Disease or Defect:	✓								
Hardening of the Arteries:	✓								
High Blood Pressure:							✓	✓	✓
High Cholesterol Level:	✓								

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the dis state, and any other pertinent information of which you are aware.

"The high blood pressure was on my Paternal Grandfather's side of the family."

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and ider which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Reproductive Outcomes	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
2 or more Miscarriages	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Stillborn:	✓								
Premature Menopause:	✓								
Death of a newborn infant:	✓								
Childhood death:	✓								
Birth Defects:	✓								
Infertility:	✓								
Premature Birth:	✓								

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Genitals / Reproductive	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Hermaphroditism / Ambiguous Genitals:	✓								
Hypospadias or Undescended Testicle(s):	✓								
Uterine Fibroids:	✓								
Ovarian Cysts or Ruptured:	✓								
Lumps or Cysts in Breast or Discharge:	✓								
Polycystic Ovarian Syndrome (PCOS):	✓								

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Donor Data sourced by the Donor Agency

Nick Name:725FC

Pelvic Inflammatory Disease (PID):	✓								
Endometriosis:	✓								

Carefully review the following list of medical problems (BLOOD) and identify which ones you o one of your genetic relatives have or had. Please consider each condition carefully for each fa member. If you and none of your family members have a history of the specific medical conditi please check "None".

Blood	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anemia:	✓								
Sickle-Cell Anemia:	✓								
Factor V Leiden Thrombphilia (blood clots or strokes):	✓								
Hemophilia or other Bleeding/Clotting Disorder such as Von Willebrand's Disease:	✓								
Immune Deficiency:	✓								
Leukemia:	✓								
Lymphoma or Swollen Lymph Nodes:	✓								
HIV:	✓								
Thalassemia:	✓								
Polyarteritis Nodosa:	✓								
Other Blood Disorder:	✓								

Carefully review the following list of medical problems (RESPIRATORY) and identify which ones

Donor Data sourced by the Donor Agency

Nick Name:725FC

or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Respiratory	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Asthma:								✓	
Hay Fever:	✓								
Emphysema:	✓								
Tuberculosis:	✓								
Pneumonia:	✓								
Alpha-1 anyitrypsin Disorder:	✓								
Blood in Sputum:	✓								
Other Lung Disease:	✓								

For every relative, please indicate your relation to them (include maternal or paternal), the age onset of the disease state, and any other pertinent information of which you are aware.
"My father's sibling has asthma."

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify whi ones you or one of your genetic relatives have or had. Please consider each condition carefully each family member. If you and none of your family members have a history of the specific med condition, please check "None".

Gastro-Intestinal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Appendicitis:	✓								
Ulcer of Stomach or Duodenum:	✓								
Gallstones:	✓								
Hepatitis A, B, or C:	✓								
Cirrhosis of the Liver:	✓								
Other Liver	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Disease:	
Ulcerative Colitis:	✓
Crohns Disease:	✓
Pyloric Stenosis:	✓
Multiple Polyps of the Colon:	✓
Rectal Disorder:	✓
Inflammatory Bowel Disease:	✓
Any other problem of the digestive system:	✓

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Diabetes requiring insulin therapy:	✓								
Diabetes not requiring insulin therapy:							✓	✓	
Childhood Diabetes:	✓								
Thyroid Disorder:	✓								
Goiter:	✓								
Hypoglycemia:	✓								
Adrenal Dysfunction or Disorder:	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	✓								
Obesity:	✓								
Dwarfism:	✓								

For every relative, please indicate your relation to them (include maternal or paternal), the age of onset of the dis state, and any other pertinent information of which you are aware.

"My Father's brother and mother have diabetes not requiring insulin therapy."

Carefully review the following list of medical problems (URINARY) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Urinary	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Kidney Problems:	✓								
Polycystic Kidney Disease:	✓								
Other disease/defect of urinary tract (urethra, bladder, ureter):	✓								

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Neurological	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Migraines:	✓								
Mental Retardation:	✓								
Senility or Mental Deterioration before age 50:	✓								
Multiple Sclerosis:	✓								
Cerebral Palsy:	✓								
Neurofibromatosis:	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Epilepsy / Seizures:	✓								
Attention Deficit Disorder / Hyperactivity:	✓								
Autism / Asperger's:	✓								
Alzheimer's Disease / Dementia:	✓								
Hydrocephalus:	✓								
Tuberous Sclerosis:	✓								
Parkinson's Disease:	✓								
Creutzfeldt-Jakob Disease:	✓								
Scoliosis:	✓								
Myasthenia Gravis:	✓								
Huntington's or Wilson's Disease:	✓								
Tourettes's Syndrome:	✓								
Other diseases of the nervous system:									

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Mental Health	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anxiety / Panic Attacks:	✓								
Anorexia / Bulemia / Other eating disorders:	✓								

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Donor Data sourced by the Donor Agency

Nick Name:725FC

Depression:	✓								
Schizophrenia:	✓								
Manic Depressive or Bipolar Disorder:	✓								
Other mental health disorder requiring hospitalization:	✓								
Suicide Attempts:	✓								
Other mental health problems that warrented counseling:	✓								

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Muscle/Bone/Joints	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Muscular Dystrophy:	✓								
Achondroplasia-form of dwarfism with abnormal bone growth:	✓								
Other Chronic Muscle Disease:	✓								
Osteogenesis imperfecta (brittle bone disease):	✓								
Loss of Muscle Coordination:	✓								
Osteoporosis:	✓								
Marfan Syndrome:	✓								
Arthritis:	✓								
Rheumatoid or	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Juvenile Arthritis:									
Spinal Muscular Atrophy:	✓								
Hereditary Low Back Disorder or Deformity of Spine:	✓								
Reiter's Disease:	✓								
Myasthenia Gravis:	✓								
Gout:									
Metabolic Bone Disease:	✓								
Lupus (systemic lupus erythematosis - SLE):	✓								

Carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Sight/Sound/Smell	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Amusia (medical tone deafness):	✓								
Deafness before age 60:	✓								
Deformity of the ear:	✓								
Cataracts before age 50:	✓								
Blindness:	✓								
Color Blindness:	✓								
Sever Myopia:	✓								
Glaucoma:	✓								
Retinoblastoma:	✓								
Retinitis	✓								

Donor Data sourced by the Donor Agency

Nick Name:725FC

Pigmentosa:	
Deviated Septum:	✓
Another other Sensory Disorder:	✓

Carefully review the following list of medical problems (SKIN) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Skin	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Acne:	✓								
Albinism:	✓								
Eczema:	✓								
Excessive Facial Hair (Hirsutism):	✓								
Pigmentation Disorders:	✓								
Psoriasis:	✓								
Neurofibromatosis:	✓								
Other disorders of the skin:	✓								
Infectous Skin Disease:	✓								
More than 5 purple or coffee colored spots on skin (size of quarter or larger):	✓								

Carefully review the following list of medical problems (OTHER) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Other	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Alcoholism:	✓								
Drug Abuse, Misuse or Addition:	✓								

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Donor Data sourced by the Donor Agency

Nick Name:725FC

Premature degeneration of any organ system:	✓								
Anorexia:	✓								
Bulemia:	✓								
Other Eating Disorder:	✓								
Any other condition not mentioned in any other question:	✓								

Have you ever had a blood transfusion?

"No"

Have you ever had gonorrhea?

"No"

Have you ever had Human Papilloma Virus (HPV)?

"I have not had HPV."

Have you had chlamydia within the past 12 months?

"No"

Do you have herpes?

"No"

Have you ever had Trichomoniasis?

"No"

Have you ever had Syphilis?

"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?

"No"

Have you ever been diagnosed with Severe Adult Acne?

"No"

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?

"No"

Have you ever been diagnosed with Ovarian Cysts?

"No"

Donor Data sourced by the Donor Agency
Nick Name:725FC

Have you ever been diagnosed with Chronic Pelvic Pain?
"None"

Have you ever been diagnosed with Polycystic Ovarian Disease?
"No"

Have you ever been diagnosed with Thyroid Disease?
"No"

Do you have allergies?
"No"

Do you take daily medications?
"No"

Do you take daily vitamins?
"No"

Do you take any herbal supplements?
"No"

Have you ever had any major medical problems?
"No"

How would you describe your overall health, both mentally and physically?
"I consider my self to be rather healthy individual. Mentally, I have run into emotional issues but, I put my head forward and pressed through resolving the problems."

How old were you when you had your first period?
"15"

Are your cycles regular when not on the pill?
"Yes"

How many days are there from the beginning of one period to the beginning of the next period?
"29"

How many pregnancies have you had?
"2"

How many miscarriages have you had?
"0"

Has anyone in your immediate family (grandparents, parents, self, siblings) had multiple births?
"Yes"

Donor Data sourced by the Donor Agency
Nick Name:725FC

How many drinks do you usually consume in a week?
"1-5"

Do you smoke or use tobacco products?
"No"

When is the last time you had marijuana?
"Never"

When is the last time you have used recreational or illicit drugs (cocaine, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids for non-medical reasons, or etc.)?
"Never"

Do you have any tattoos?
"Yes"
If "Yes", when and where on your body.
"I received a small symbol on my ankle in 2001 a conservative lotus blossom on my arm and a small butterfly on my shoulder blade in 2010."

Do you have any body piercings?
"Yes"
If "Yes", when and where on your body.
"I have earrings in both of my ears."

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