

[An Eggceptional Match, LLC](http://www.donatedeggs.com)
www.donatedeggs.com

DONOR OOCYTE PERSONAL HISTORY FORM
(Incomplete applications will not be accepted)

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Donor Number: 0174 (For Agency Use Only)

Today's Date: 09/2011

How did you hear of An Eggceptional Match? (If website, pls. specify): My Sister (Previous donor)

Name: _____

Date of Birth: 06/26/1981

Social Security #: _____

Insurance Co: _____

Address: _____ City: Wheat Ridge State: CO Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____ May we leave a Message at (Pls. Circle): Home Work Cell **ANY**

E-mail Address: _____

I check my email: all day **once a day** several times a week rarely

Are you currently listed with any other clinics or agencies? Yes If yes, whom? _____

Have you ever been denied entry into another egg donor program? No _____ If yes, please explain in detail:

How soon are you able to begin your donation? ASAP

Who may we contact in case of an emergency? _____

Who may we contact in case your demographics change?

Are you (Pls. Circle): Married Single **with** relationship **Single without relationship**

Are you a U.S. Citizen? **Yes** No

Do you have medical insurance? yes _____ Are you willing to travel for an egg donation? yes

Do you have any legal cases pending against you? no Have you ever filed bankruptcy? no

Have you ever been convicted of a crime? no If yes, please elaborate:

PHYSICAL CHARACTERISTICS

Age: 30 Height: 5'2__ Weight: _130__ Measurements: Bust_____ Hips __ Waist __

Race: Caucasian (Caucasian, African American, Asian, Hispanic, etc...)

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) German, Welch

Mother's Side: German, English

Father's Side: German, Welch

Blood Type: __0-__ (+ or -) Place of Birth: _____Denver Colorado__

What celebrity do people most commonly say you look like? ____?_____

Please circle appropriate response:

Body Type/Bone Structure: **small** medium large

Hands: **right-handed** left-handed ambidextrous

Eyes:	*Color	brown	hazel	green	blue
	*Set	narrow	average	wide	
	*Size	small	average	large	
	*Shape	round	oval	almond	
	*Shade	light	medium	dark	

Hair:	*Natural Color	blond	brown	black	red	other_____
	*Color as child	blond	brown	black	red	
	*Shade	light	medium	dark		
	*Type	straight		wavy	curly	
	*Fullness	thin	medium	thick		
	*Texture	fine	medium	course		

Nose:	*Size	small	medium	large	
	*Width	narrow		average	wide
	*length	short	average	wide	
	*Nostril Flare	small	average	wide	

Cheekbones:	*Set	low	average	high
	*Prominence	slight	medium	strong

Mouth:	*Size	small	average	large
	*Lips	thin	average	full

Chin:	*Shape	square	oval	round
	*Prominence	slight	average	strong
	*Cleft	none	slight	medium

Skin:	*Tone	light	med-light	medium	med-dark	dark
olive	*Tan Ability	none	slight	medium	easy	
	*Condition	normal	dry	oily	medium	combination
	*Acne	none	slight	medium	severe	at what age12_

Other Facial Features:	*Moles	none	one	several	numerous
	*Freckles	none	several	moderate	numerous
	*Dimples	none	slight	medium	deep

Eyesight:	*Vision	normal	far-sighted	near-sighted
	*Glasses	none	single	bifocal
	*Astigmatism	yes	no	age diagnosed

Dental:	*Device	none	braces	retainer	other _____
	*Reason	cosmetic	accident	disease	other _____
	*Age during use _____ to _____ years of age				

Other:	*List _____
	*

REPRODUCTIVE HISTORY

Age at first period? __10_____ Are your cycle's regular? __yes_____

How long are your cycles from day one to the next day one? __28_ How long do they last? 4-5

Do you experience cramps? None **Mild** Average Severe

Method of birth control? Neuva Ring If none, in the past?

Have you ever been pregnant? yes_ If yes, did you have trouble conceiving? __no trouble

Have you ever been treated for infertility? __no_____

Did your mother take DES while she was pregnant with you? _no_____

List of pregnancies and outcomes below:

Year	♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2001	Delivery-boy				Vag
2.2001	Miscarriage	Didn't realize I was even pregnant-immediately after first birth			
3.2003	Termination				
4.2005	Delivery-girl				Vag

Any complications? _____no_____

MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date:

1. Tonsils Removed Age 5

Have you had a blood transfusion in the last 12 months? no_____

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? no If yes, please explain:

Have you been exposed to radiation or toxic chemicals in your work or personal life? no

Have you received a bite from an animal suspect for rabies within the last 6 months? no

Have you ever had a reaction to anesthesia? no _____ If yes, please explain reaction in detail:

*Do you smoke cigarettes? no Packs per day? _____ # of years _____ # of years quit _____

Do you now or have you ever taken recreational drugs? no If so, What? _____

Do you drink alcohol? no If yes, how many drinks per: day? _____ week? _____ month? _____

Do you have any allergies to drugs or environmental exposures? yes Pls. explain: cats

Describe any childhood allergies that you have outgrown: n/a

Do you have any medical illnesses (diabetes, asthma, etc...)? asthma If yes, pls. explain: migraine headaches

Please list all prescription or over the counter medications including dosage you are currently taking: Nueva Ring

***To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

Have you ever donated your eggs before? no If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?

Were their embryos left to cryopreserve (freeze)? n/a If yes, approximately how many per cycle?

What is the compensation you are asking for your donation? 5,000 (1st time donors \$5,000)

What is the least amount you would consider? 5,000

Will you require missed wages from work? yes

If yes, what is your hourly wage? 8.25 How many hours per week do you work? 20

Will you require childcare reimbursement? no If yes, what is the hourly rate? X kids

Have you been sexually active in the past 6 months? no

Are you currently sexually active? no If yes, is it a monogamous relationship and for how long?
If no, will your partner consent to standard blood testing?

Have you or your partner ever had a sexually transmitted disease? no If yes, when and what was your treatment regimen?

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? no If yes, please explain treatment

Please mark any that apply to you within the last 12 months:

- 1 Exposure to HIV
- 2 Exposure to Hepatitis B or C
- 3 Had sex in exchange for money or drugs
- 4 Intravenous drug use
- 5 Piercing or tattoos
- 6 **None of the Above**

EDUCATION

Highest Level of Education Completed: Grade School 6

Jr. High School 9

Sr. High School (GPA: 3.0)

Currently in College pursuing a degree in: Environmental Engineering

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: _____

ACT's: 26

College GPA: _____

IQ Score: 121

Please list names and year of all colleges attended:

College

Year

What was your favorite subject in school? English You're least favorite? Math

Dean's List or Honor Roll? yes _____

As an adult I am most proud of: My Children

Currently I have a career in: Home Health Care

I have been in this profession for 5 years _____ days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: English

Read: English

Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: Chasing my kids, bike riding, Swimming

Have you excelled in any physical activities? Gymnastics _____

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Regular, Healthy

Other skills or talents? I am a great vocalist

Do you show artistic or musical ability? yes If yes please explain: I can sing and I play the guitar

***Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	blonde	blue	5'0- 105	fair	54		
Father	blonde	blue	5'9 170	med	61		
Brother: 1.							
Sister: 1.	blonde	blue	5'6- 125	med	30		
2.							
3.							
4.							
Maternal Grandmother	brown	hazel	5'0 140	fair	77		
Maternal Grandfather	brown	blue	5'11/ 190	med	82		
Paternal Grandmother	blonde	blue	5'1/?	Fair		74	unknown
Paternal Grandfather	brown	blue	5'10/?	Med		59	unknown
Children: (If Any)							
1.	blonde	blue	46"	fair	8		
2.	Brown	blue	32"	Fair	4		
3.							
4.							

Are you adopted? no If yes, do you have access to your biological health history? _____

Twins or multiple births in the family? y If yes, how many sets? 3

Are there any known genetic diseases that run in your family? no If yes, please identify all such diseases and explain in as much detail as possible: no

Has anyone in your family been born with a birth defect? no If yes, please explain in detail

Have you had a brother or sister die in infancy or early childhood? no If yes, please explain the cause of death

Have you ever been tested for:

Cystic Fibrosis (Caucasian) n

Sickle Cell (African American) n

Thalassemia (Greek/Italian) n

Tay-Sach's (Jewish) n

If yes to any of the above, were you determined a carrier? no

How would you describe your personality and temperament? Patient and outgoing/ Leader

What is your philosophy of life? Life is what you make of it by the way that we perceive things. It all starts with t

What qualities and characteristics would you hope the recipient parents possess? Loving and nurturing characteristics

How does it make you feel at the possibility of their offspring knowing about the donation? Fine

How would you describe your childhood? Great childhood, lots of other kids to play with, my sister was mean to m
turned 14

What is the earliest memory you hold as a child? I was 2 and my sister got bit by the dog

What was it like growing up in your family? My family was stable and very involved in our lives

What religion did you belong to as a child? None

When I Was A Child:

My favorite thing to do was: Dance and sing

At home I was expected to: Do my chores and eat dinner at a normal pace

My parents were strict about: Honesty and Curfew

My parents taught me to value: Loyalty and Truthful practice

What I loved most about my father was: Taking us girls skiing and roller-skating.

What I loved most about my mother was: Her determination to provide for us kids, and her unconditional love

My favorite relatives were: My oldest cousin Joshua- He is still my favorite

I loved to visit: My grandmas

In comparison to others I was: Definitely unique

Your Teenage Years:

Describe yourself as a teenager: Wild, yet I thrived while in School.

Describe your achievements: Advanced Placement English

Did you do poorly at anything? Math

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)?

Yes, the boys wouldn't leave me alone and it was a distraction.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): To provide a family with the gift of children. Also helps with my own finances.

What message would you like passed on to the recipient of your eggs/their offspring? My gift to you is life

What helped you decide to become an egg donor? My sister Jennifer has been a donor at your agency for the last 10 years with 100% success to all of her couples!

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? Spiritual

Do you have any ethical, moral or religious reservations about being an egg donor? No

What are your personal goals? Have you achieved any of these goals? To provide for my children, so that they never go without. Yes everyday.

What do you see yourself doing in the next 5-10 years? Raising my children

What would you like your recipient couple to know about you that has not already been asked? None

What is your favorite color? _blue

Favorite type of food? _Mexican

Favorite movie? ___The Secret

Favorite type of music? _____Anything but country

Favorite Book? __The Bourne Ultimatum

Would you be willing to donate to gay or single prospective parents? __Yes_____ Please specify: __If they demonstrate t
to raise a child in a loving home

Would you be willing to meet a child conceived as the result of your donation? yes_____ Please elaborate: __In the
come I would not be against it

Would you be interested in possibly meeting the prospective parents? Yes

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?

Whatever is best for the potential child

How do you fee about the possibility of any remaining embryos being donated to another infertile couple that cannot aff
cost of infertility treatment? Will you sign a consent permitting such donation? Yes

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a conse
permitting such medical or scientific research? No

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion
you feel about not knowing the outcome of their decision? Okay

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm dono
problem

Is there a message you would like to leave for your prospective parents? Not at this time.

CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: _____

Donor's Signature: _____

Date: _____

I _____ give An Eggceptional Match, LLC full authority to include my photographs on their web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors, assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: _____

Date: _____

Witness to Signatures above:

Date: _____

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the information that your intended parents have to make a healthy and intuitive choice for their offspring.

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					yes		PGF-Age
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever		yes					Mom
B. asthma	yes	yes					Both cat induced
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones					yes		MGF
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							

E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease					yes		MGF
N. other diseases of the nervous system							
MENTAL HEALTH							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
MUSCLE/BONE/JOINTS							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis					yes		PGM-Age
F. dwarfism							
G. heredity low back disease							
H. arthritis		yes			yes		Mom and MGM
I. gout							
SIGHT/SOUND/SMELL							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness					yes		MGF
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin	yes						Dermatitis on back of arms (exfoliate to manage, ointment)
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							

D. any other cancer not mentioned above							
E. any other condition not mentioned above							