

P.O. Box 1646  
Castle Rock, Colorado 80104  
720-733-0184  
Toll Free 1-877-745-3447  
info@donatedeggs.com

**Donor Number:** 0334 (For Agency Use Only)

Today's Date: 10/16/2011

Date of Birth: 11/02/1985

How did you hear of An Eggceptional Match? (If website, pls. specify):\_

I am interested in an ( ) Open ( ) Anonymous ( ) Semi-Open-Donation (X) No Preference

Full Legal Name and any aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Insurance Co: N/A

Address: \_\_\_\_\_ City: Houston State: TX Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

May we leave a voicemail message at: (Pls. Circle): Home Work Cell - You may leave a voicemail on all the above at any time.

Are email communications permissible? If so, what is your E-mail Address: – I check this email often per day  
I check my email: all day once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes No Yes – cell phone

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

Have you signed a contract with any other clinic or agency? No If so, please provide a complete copy to me.

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? As soon as needed

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship \_\_\_\_\_ Ph: \_\_\_\_\_

Who may we contact in case your demographics change? Luis Ortiz Ph: 281-387-8214

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 No

If so, provide name of your health plan and identification number: N/A

Are you willing to travel for an egg donation? Yes No Possibly if: \_\_\_\_\_

Do you have any lawsuits or other legal claims pending against you? Yes No

Have you ever filed bankruptcy? Yes No If so, when? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:  
\_\_\_\_\_

### PHYSICAL CHARACTERISTICS

Age: 25 Height: 5'8" Weight: 150 Measurements: Bust 34 Hips 36 Waist 30

Race: Mixed – Half African American and Half Caucasian (Caucasian, African American, Asian, Hispanic, etc...)

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

Mother's Side: German

Father's Side: African American

Blood Type: A + (+ or -) Place of Birth: Bedford TX

What celebrity do people most commonly say you look like? Leona Lewis (singer)

**\*Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of 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**

**PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE**

**Body Type/Bone Structure:** small

medium

large

<b>Hands:</b>	right-handed	left-handed	<u>ambidextrous</u>			
<b>Eyes:</b>	*Color	<u>brown</u>	hazel	green	blue	
	*Set	narrow	<u>average</u>	wide		
	*Size	small	<u>average</u>	large		
	*Shape	<u>round</u>	oval	almond		
	*Shade	light	medium	<u>dark</u>		
<b>Hair:</b>	*Natural Color	blond	<u>brown</u>	black	red	other _____
	*Color as child	blond	<u>brown</u>	black	red	
	*Shade	light	<u>medium</u>	dark		
	*Type	straight	wavy	<u>curly</u>		
	*Fullness	thin	medium	<u>thick</u>		
	*Texture	fine	<u>medium</u>	course		
<b>Nose:</b>	*Size	small	<u>medium</u>	large		
	*Width	narrow	average	<u>wide</u>		
	*length	short	<u>average</u>	wide		
	*Nostril Flare	small	<u>average</u>	wide		
<b>Cheekbones:</b>	*Set	low	<u>average</u>	high		
	*Prominence	<u>slight</u>	medium	strong		
<b>Mouth:</b>	*Size	small	<u>average</u>	large		
	*Lips	thin	average	<u>full</u>		
<b>Chin:</b>	*Shape	square	oval	<u>round</u>		
	*Prominence	slight	<u>average</u>	strong		
	*Cleft	<u>none</u>	slight	medium		
<b>Skin:</b>	*Tone	light	med-light	medium	med-dark	dark <u>olive</u>
	*Tan Ability	none	slight	medium	<u>easy</u>	
	*Condition	<u>normal</u>	dry	oily	medium	combination
	*Acne	<u>none</u>	slight	medium	severe	at what age _____
<b>Other Facial Features:</b>	*Moles	<u>none</u>	one	several	numerous	
	*Freckles	<u>none</u>	several	moderate	numerous	
	*Dimples	none	<u>slight</u>	medium	deep	
<b>Eyesight:</b>	*Vision	<u>normal</u>	far-sighted	near-sighted		
	*Glasses	<u>none</u>	single	bifocal		
	*Astigmatism	yes	<u>no</u>	age diagnosed _____		
<b>Dental:</b>	*Device	none	<u>braces</u>	retainer	other _____	
	*Reason	<u>cosmetic</u>	accident	disease	other _____	
	*Age during use	<u>12 to 13 years of age</u>				

## REPRODUCTIVE HISTORY

Age at first period? 14 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 26-28 days How long do they last?  
usually 3-4 days

Do you experience cramps? None Mild Average Severe

Method of birth control? Condoms with spermicide If none, in the past? \_\_\_\_\_

Have you ever been pregnant? no If yes, did you have trouble conceiving? \_\_\_\_\_

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

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
N/A	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					

Any complications? \_\_\_\_\_

## DONATION HISTORY

Have you ever donated your eggs before? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
8/10	I think 12 eggs was what I was told after retrieval.	Unsure	Unsure	Unsure
5/12	13	8	Anonymous	Anonymous
1/2013	18	13	Yes-Twins	Pending

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? \$6000

What is the least amount you would consider? Negotiable

Will you require missed wages from work? Yes, but I only work part-time

If yes, what is your hourly wage? \$12 How many hours per week do you work? about 25 hrs

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

During travel assignments, will you: ( ☒ )Drive yourself to the airport and require parking reimbursement  
( ☐ )Take a taxi or shuttle and require reimbursement  
( ☒ )Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? \_\_\_\_\_Yes \_\_\_\_\_No

## MEDICAL HISTORY

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

1. Thyroidectomy-December 20, 2011.

Have you had a blood transfusion in the last 12 months? None

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? Yes

If yes, please explain: I broke my ankle in 1996 and went to the hospital to be casted (no surgery needed, just a cast.)

Have you been exposed to radiation or toxic chemicals in your work or personal life? 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? No Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: None

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: \_\_\_\_\_

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods? No

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship? Yes If yes, for how long? 1 year

If no, will your partner consent to standard blood testing? \_\_\_\_\_

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? Yes 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? Yes No If yes, please explain treatment No

Please list all prescription or over the counter medications including dosage you are currently taking: I take a Women's multi-vitamin daily

**\*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.**

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: \_\_\_\_\_)  
Currently in College pursuing a degree in: \_\_\_\_\_  
**Completed College with degree in: BS in Biology**  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1340 ACT's: N/A College GPA: 3.45

Please list names and year of all colleges attended: College Year

1. University of Houston - Main : 2004 - 2007
2. University of Houston – Downtown: 2007 -2010

What was your favorite subject in school? Science Your least favorite? English

Dean's List or Honor Roll? Yes, Dean's List at both UH- Main and UH-Downtown. I was on the A-Honor Roll for every report card in Middle and High School

As an adult I am most proud of: My accomplishments in my academics, music, and my job

Currently I have a career in: Research (Adolescent Medicine and Pediatrics)

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: Walking, swimming, and occasional biking

Have you excelled in any physical activities? When I was younger – softball. Now, I just exercise to stay fit, not for competition.

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Low-sodium and low amounts of red meat (Mostly vegetables and poultry

Other skills or talents? I've played the flute since I was 9 years old

Do you show artistic or musical ability? Yes If yes please explain: All-State musician, all-district musician and went to Moore's School of Music on a music performance scholarship.

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Blondish- Brown	Blue	5'6''	Olive		45	Accidental
Father	Black	Dark Brown	6'0''	Dark	50		
Brother: 1.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2.							
3.							
Sister: 1.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2.							
3.							
Maternal Grandmother	Light Brown	Blue	5'6''	Fair	70		
Maternal Grandfather	Strawberry Blonde	Blue	5'10''	Fair	75		
Paternal Grandmother	Black	Dark Brown	5'6''	Dark		70	Old Age
Paternal Grandfather	Black	Dark Brown	5'9''	Medium Dark		91	Old Age
Children: (If Any) 1.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2.							
3.							
4.							

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

Twins or multiple births in the family?     No     If yes, how many sets?



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:

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) Yes

Sickle Cell (African American) Yes

Thalassemia (Greek/Italian) Yes

Tay-Sach's (Jewish) Yes

Fragile X Yes

Spinal Muscular Atrophy Yes

If yes to any of the above, were you determined a carrier? No. These tests were performed for my egg donation in 2010.

How would you describe your personality and temperament? I'm extremely witty and sarcastic. I believe it is important to find time to laugh and smile every day because every day is a blessing to have. I'm a bit of a "work-a-holic." I like to keep busy and keep my mind active. I enjoy spending time with friends/family and people generally describe me as a people person.

What is your philosophy of life? I definitely believe life is a gift and should be cherished. With that being said, you can't take life too seriously and need to laugh at yourself every once in awhile. Without laughter and humor, life is going to be a lot more boring than it has to be.

What qualities and characteristics would you hope the recipient parents possess? They need to be loving, caring as well as financially and emotionally stable enough to have a child. As long as they give the child the love and attention that they deserve and an environment to flourish in, that's all I want.

How does it make you feel at the possibility of their offspring knowing about the donation? I would feel comfortable with their offspring knowing about the donation. Possibly it will just give them (the child) a greater appreciation for what their parents did to conceive them.

How would you describe your childhood? I was very active in band and my academics. I have always been a straight A student all the way throughout grade school.

What is the earliest memory you hold as a child? My earliest memory was swimming with my mom in the swimming pool. We were very active and did lots of activities outdoors.

What was it like growing up in your family? My parents were very busy with work and I was very busy with school and my extracurricular activities. When we all had a break from our normal activities, we would try to spend as much time together as we could.

What religion did you belong to as a child? Baptist

### **When I Was A Child:**

My favorite thing to do was: Play my flute

At home I was expected to: Follow my parents rules, help around the house, and study hard

My parents were strict about: Grades/studying

My parents taught me to value: Hard work and persistence

What I loved most about my father was: Always worked hard for his family.

What I loved most about my mother was: The love she had for her family.

My favorite relatives were: Very Close to one another.

I loved to visit: My grandmother's house

In comparison to others I was: More advanced academically.

### **Your Teenage Years:**

Describe yourself as a teenager: I was very busy with band and I did play softball for a few years in my early teenage years. I was also very involved in my academics.

Describe your achievements: I was an All-State, All-Region, and All-District musician and eventually came to college on a music performance scholarship. I was a member of the National Honor Society and was on the A-Honor Roll every year throughout my elementary, middle, and high school years. I also made Dean's List at UH-Main and UH-Downtown.

Did you do poorly at anything? Not really. I did well in all the things I worked hard at and cared about.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No

What do you hope to achieve by volunteering in an egg donor program? That a couple in need finds the donor that they are looking for so they can start the family they've always wanted.

What message would you like passed on to the recipient of your eggs/their offspring? Every day that you will have with your future child is a gift. Don't waste any of it. Live every day to the fullest.

What helped you decide to become an egg donor? I wanted to help people that were not able to have the family they've always dreamed of. The love of your family is something that cannot be replaced nor can it be imitated or duplicated. Everyone should have the chance to feel that feeling.

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? Yes

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? My major goal is to become an anesthesiologist. I may pursue a medical specialization in pediatric anesthesiology as well. Eventually, I would love to get married and start a family of my own as well. Currently, I am studying and hoping to get into medical school.

What do you see yourself doing in the next 5-10 years? As I noted above, my major goal is to become an anesthesiologist. I may pursue a medical specialization in pediatric anesthesiology as well. Eventually, I would love to get married and start a family of my own as well.

What would you like your recipient couple to know about you that has not already been asked? I would like all IP's (not just my recipient couple) to know that I wish the best for them in their search for a donor and their journey through parenthood.

What is your favorite color? Blue

Favorite type of food? Pasta

Favorite movie? Garden State

Favorite type of music? R&B, jazz and classical

Favorite Book? Jane Eyre

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I am completely open to this idea

Would you be willing to meet a child conceived as the result of your donation? Not sure Please elaborate: I'm unsure if I would like to meet the child, but I am open to having contact with them (email, letters, etc.).

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? I'm unsure if I would like to meet the parents, but I am open to having contact with them (email, letters, etc.).

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

I believe that aborting a fetus would depend on the severity of the birth defect.

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

I think this is a wonderful idea. I would love to donate the remaining embryos to a couple that cannot afford IVF.

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos?

I feel that they should be donated for scientific research. Any remaining embryos should be discarded only if the intended parents do not feel research is appropriate.

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

I believe this is the parents' decision and I feel comfortable signing over my rights to left over embryos.

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

I'm open to this idea.

Is there a message you would like to leave for your prospective parents? Every day that you will have with your future child is a gift. Don't waste even a second of it.

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

<b>HEART</b>	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							
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
A. ulcer of stomach or duodenum							
B. gall stones							
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.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter	X						Lack of iodine in diet-non-hereditary
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							

F. cancer of cervix, ovaries or uterus							
<b>NEUROLOGICAL</b>	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							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
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							

<b>RISK FACTORS</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Have you ever been sexually active with a male who was gay or bisexual?	<b>Yes</b>	<b>No</b>	
Have you ever injected drugs or had a sexual partner who did so?	<b>Yes</b>	<b>No</b>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	<b>Yes</b>	<b>No</b>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	<b>Yes</b>	<b>No</b>	
Have you ever had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	<b>Yes</b>	<b>No</b>	
Have you been exposed to body fluids, open wounds, non-intact skin or mucus membranes of any person known or suspected to have HIV, hepatitis B and/or C?	<b>Yes</b>	<b>No</b>	
Have you had an accidental needle stick within the past 12 months?	<b>Yes</b>	<b>No</b>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	<b>Yes</b>	<b>No</b>	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have	<b>Yes</b>	<b>No</b>	

hepatitis?

**(Cont'd)**

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	No	
<hr/>			
Have you ever been diagnosed with hepatitis?	Yes	No	
<hr/>			
Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	No	
<hr/>			
Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
<hr/>			
Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
<hr/>			
Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?	Yes	No	if so, who?
<hr/>			
Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No	
<hr/>			
Do you have a history of changes in cognition, speech or gait?	Yes	No	
<hr/>			
Have you ever received a blood transfusion?	Yes	No	if so, where?
<hr/>			
Have you visited or lived in the United Kingdom for three months or more between 1980-1996 including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?	Yes	No	
<hr/>			

**(Cont'd)**



Were you a member of the US military, civilian military, employee or a dependent of a member of the military stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?	Yes	No	
<hr/>			
From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	Yes	No	if so, where?
<hr/>			
Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?	Yes	No	If so, when?
<hr/>			
If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?	Yes	No	
<hr/>			
Have you ever had sexual contact with anyone who was born or lived in Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	Yes	No	
<hr/>			
Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	No	if so, when?
<hr/>			
Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves being exposed to live cells, tissues or organs from an animal?	Yes	No	if so, who?
<hr/>			
Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	No	
<hr/>			
Have you ever received a human organ, tissue transplant or human extract?	Yes	No	
<hr/>			

**(Cont'd)**

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>	
<hr/>			
Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	<b>Yes</b>	<b>No</b>	
<hr/>			
Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>No</b>	
<hr/>			

## 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 its 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 and 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: \_\_\_\_\_