

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

Donor Number: 0302 (For Agency Use Only)

Today's Date: ____5/13/2010____

Date of Birth: ____1/14/1983____

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: ____Arlington____ State: __NE__ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ same _____ May we leave a voicemail message at: (Pls. Circle): **Home** Work **Cell**

Are email communications permissible? If so, what is your E-mail Address: _____

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 _____

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

Have you signed a contract with any other clinic or agency? _____ 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? _____ Immediately _____

Who may we contact in case of an emergency? ____ _____

Relationship _____ Sister _____ Ph: _____

Who may we contact in case your demographics change? ____Sister____ Ph: _____

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: _____

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: 28 Height: 5'9 Weight: 140 **Measurements:** Bust 36 Hips 37 Waist 30

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

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

Mother's Side: Irish, Scottish, Italian

Father's Side: Irish

Blood Type: O (**+** or -)

Place of Birth: Omaha, Ne USA

What celebrity do people most commonly say you look like? Sarah Evans, Shania Twain, Kerri Russell

***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			
Hands:	*Color	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 age _____	
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 ____11__ to ____16__years of age						

REPRODUCTIVE HISTORY

Age at first period? ____12____ Are your cycle's regular? ____y__

How long are your cycles from day one to the next day one? ____26____ How long do they last? ____7_

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

Method of birth control? _____pill_____ If none, in the past? _____

Have you ever been pregnant? _____Yes____ If yes, did you have trouble conceiving? _____No____

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
1.2009	Female/Vag	No	no	no	no
2.					
3.					
4.					
5.					
6.					

Any complications? none

DONATION HISTORY

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)? _____ If yes, approximately how many per cycle? _____

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

What is the least amount you would consider? \$7,000

Will you require missed wages from work? Y

If yes, what is your hourly wage? 22.00

How many hours per week do you work? 52

Will you require childcare reimbursement? NO

If yes, what is the hourly rate? _____ X _____ kids

MEDICAL HISTORY

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

1. _____
2. _____

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? YES If yes, how many drinks per: day? <1 week? 2 month? <8

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...)? none 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? Y

Are you currently sexually active? Y If yes, is it a monogamous relationship? **Yes** No

If yes, for how long? 10years

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 _____

Please list all prescription or over the counter medications including dosage you are currently taking: Microgestin 1/20 Tabs

***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: Associates of Applied Science
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: _____ College GPA: **3.6**

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. Northeast Community College	<u>2001-2003</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? Science You're least favorite? History

Dean's List or Honor Roll? Yes, High School

As an adult I am most proud of: Owning my own business and managing my family

Currently I have a career in: Restaurant Ownership

I have been in this profession for 4 days/mos/**years**

*I have flexibility in my current profession: Yes **No**

Languages: Speak: _____ German, some Spanish _____
Read: _____ German, _____
Write: _____ German, _____

I consider myself: **Athletic** Active Average Inactive

Physical activities include: Running, Lifting weights, Riding Bike, Canoeing, Hiking

Have you excelled in any physical activities? Cross Country and Track in High School

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Healthy with a bit of indulgence ☺

Other skills or talents? Riding Horses, Building my own home, Gardening,

Do you show artistic or musical ability? yes If yes please explain: Play guitar, piano, violin, art work

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Blonde	Blue	5'2, 160	Fair	54		
Father	Brown	Blue	6'2, 220	Medium	59		
Brother: 1.							
Sister: 1.	Red/Blonde	Blue	5'5 150	Fair	23		
2.	Medium Brunette	Blue	5'9 126	Fair	29		
3.							
4.							
Maternal Grandmother	Blonde	Blue	5'3 120	Fair	82		
Maternal Grandfather	Black	Brown	5'6 180	Olive	84		
Paternal Grandmother	Brown	Blue	5'9 145	Medium	82	82	Pneumonia
Paternal Grandfather	Brown	Blue	6'2 180	Medium	56	56	Emphysema
Children: (If Any)							
1. Daughter	Brown	Blue/Green	Toddler	Medium	15months		
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? _yes____ If yes, how many sets? ____1____

Are there any known genetic diseases that run in your family? _____ If yes, please identify all such diseases and explain in as much detail as possible: Have had one second aunt pass from a rare leukemia, a second uncle passed from stomach cancer , the other second uncle from cancer/complication with his eye. They were in their very late 70's.

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) Y
Sickle Cell (African American) _____
Thalassemia (Greek/Italian) _____
Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? _____ I am outgoing as a business owner. I enjoy networking and meeting people every day. I am active in the community and I take pride in my family. I am easy going but I can buckle down when needed. Being a new mom is an amazing experience and it has taught patience and how to love someone in a new way.

What is your philosophy of life? _____ If you work hard you will succeed , if you love hard you will be loved back. Kindness is Love with it's work boots on.

What qualities and characteristics would you hope the recipient parents possess? _____ I would hope the parents are very loving. As a mother I can't express the love a baby needs. They need to have patience and the want to give the baby the best life they can. The parents need to have a loving relationship themselves and agree on many of the aspects in parenting. They need to understand the balance between their marriage and their love for the baby.

How does it make you feel at the possibility of their offspring knowing about the donation? _____ I feel they have the right to know how they were conceived. If the parents feel they want the child to know I am ok with that.

How would you describe your childhood? _____ Wonderful! I grew up in the country with a very loving family. My parents taught us to work hard and to play hard. I loved growing up with two sisters!

What is the earliest memory you hold as a child? I remember sitting in my high chair in my parents kitchen watching my mother cook on the stove. My mother is not sure of my age at the time.

What was it like growing up in your family? Great, we were very happy. Mom and Dad still together, we traveled a lot, worked the land, had horses and cattle. We were always hard working, everyone pitched in and the work ethic/standards I was held to have prepared me as an adult.

What religion did you belong to as a child? Episcopal Church

When I Was A Child:

My favorite thing to do was: Ride Horses

At home I was expected to: Clean stalls, Help with landscaping, Care of the horses and cows, Bale Hay, Mow

My parents were strict about: Grades

My parents taught me to value: Hard Work

What I loved most about my father was: His life lessons and truthfulness

What I loved most about my mother was: Her nurturing spirit and dedication to raising us

My favorite relatives were: Aunt Kathie

I loved to visit: The Zoo! I have always been passionate about animals. My early interest developed into my first career as I became a licensed Veterinary Technician before I decided to open my business.

In comparison to others I was: Very Outgoing, Creative, and Emotionally Mature

Your Teenage Years:

Describe yourself as a teenager: Emotionally mature and very independent. Very involved in school and the community. I taught in our local 4H and taught horse riding lessons to younger children.

Describe your achievements: I was second chair in our school orchestra playing violin and learning cello quickly when they needed an additional cello. I played soccer, ran cross country, and track. I was active in horse bowl and hipology also.

Did you do poorly at anything? I would have made school more of a priority. I was very busy with my horses and 4H.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I really didn't have a difficult time as a teenager. Other than learning to deal with the usual teenage skincare I adjusted normally.

What do you hope to achieve by volunteering in an egg donor program? To give someone the opportunity I have had. The most amazing thing I have done with my life is to have my daughter. I want others to know the love you have for your own child, and to watch a little one grow. It is amazing.

What message would you like passed on to the recipient of your eggs/their offspring? I feel there are many people in this world that are in pursuit of all of the wrong things. Careers, money, breakdowns of marriages, and other priorities take over and children fall by the wayside. I feel that any couple who wants a child so badly, and is willing to go to this extent, is a diamond in the rough and deserves happiness. I only want to ensure that if you borrow this little piece of me, that it is taken with the most solemn and heartfelt commitment that it will be raised in a home that will uplift and support it, it will be given love and life lessons like I was, and have the best possible chance out there.

What helped you decide to become an egg donor? My sister has been a donor and I wanted the same opportunity to give.

Do you consider yourself a reliable person? Absolutely

Do you consider yourself a punctual person? If you are not 5 minutes early you are late!

Would you describe yourself as a religious or spiritual person? I am a very spiritual person. I may not make it to Church every Sunday but I make God part of my life every day.

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

What are your personal goals? Have you achieved any of these goals? I have reached many of my goals. I have been married for 6 years to an amazing man. We have a beautiful daughter together. I have a successful business. I do want more children in the future and I would like to expand my business eventually.

What do you see yourself doing in the next 5-10 years? I will have expanded my family. I will continue to have a successful business that does not take priority over my family.

What would you like your recipient couple to know about you that has not already been asked? I have always been very healthy. I have never even had a cavity! I had a very easy pregnancy, just a little bit of morning sickness, and my delivery was a breeze. I only pushed for ½ an hour! My mother's pregnancies and deliveries were the same so if you have a girl she may be in luck! I conceived in the first week of trying as did my mother. My daughter was 9lb 3oz, healthy as can be. She is lean built and long. Everyone comments on her beautiful lips and her hair. Her hair is a medium brown with a slight curl on the end. She is such a fast learner too! She was saying words early, and is already feeding herself with a fork at 14 months. She knows all the "actions" to the Itsy Bitsy Spider and Patty Cake and can even do the full songs all by herself. Other children her age are not doing these things yet.

What is your favorite color? Blue

Favorite type of food? Italian and Mexican

Favorite movie? Avatar, I love the message

Favorite type of music? Country

Favorite Book? Pat the Bunny, I have read that quite a bit lately.

Would you be willing to donate to gay or single prospective parents? yes Please specify: I would love to donate to both, I feel that your heart and intentions make the person, not their orientation or marital status. If a child will be loved and happy, it does not need to be in a more "socially accepted" environment, but will thrive according to its parent.

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: I feel it may be hard to meet a little one that I am not involved with. I also feel it may be hard for the child and the parents.

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)?

I could not judge as I have never been in those shoes. Personally, I would not implant more fetuses than I would willingly carry, and could safely carry should all be viable. When it comes to an anomaly, I am however in support of decisions that makes the best possible outcome for both—quality of life is a huge motivator for me. I feel the parents should have some choice

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?

Uncertain, I would really like to know who would be receiving

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?

Discarded-no. Research-yes

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

Not in agreement

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

I am fine with a surrogate carrier.

Is there a message you would like to leave for your prospective parents?

I want so badly to give others the option to have their own families. I am so happy with mine. I couldn't love being a parent any more than I do now.

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.

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							
BLOOD							
A. anemia	x					x	Sister
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia						x	Great Aunt
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema					x		Grandpa Passed
D. tuberculosis							
E. lung cancer							
F. pneumonia					x		Grandma Passed
G. other lung disease							
GASTRO-INTESTINAL							
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.							
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					x		One Grandmother
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							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
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							
F. glaucoma							
G. deviated septum							

H. any other sight/sound/smell disorders							
SKIN							
A. acne	x	x	x				Have occasional Acne
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer		x					Total remission for over 5 years, no reoccurrence. No breast cancer anywhere else in the family.
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

RISK FACTORS

Yes No

Comment

Have you ever been sexually active weith a male who was gay or bisexual?

Yes No

Have you ever injected drugs or had a sexual partner who did so?

Yes No

Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?

Yes No

Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?

Yes No

Have you ever had sex in exchange for money or drugs?

Yes No

Have you ever been sexually active with a person who has had sex in exchange for money or drugs?

Yes No

Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?

Yes No

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? **Yes** **No**

Have you had an accidental needle stick within the Past 12 months? **Yes** **No**

Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer? **Yes** **No**

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis? **Yes** **No**

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months? **Yes** **No**

Have you ever been diagnosed with hepatitis? **Yes** **No**

Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months? **Yes** **No**

Have you ever been diagnosed with or suspected to have West Nile Virus? **Yes** **No** if so, when?

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis? **Yes** **No** if so, when?

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?

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone? **Yes** **No**

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/>			
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 any 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 involvesBeing exposed to live cells, tissues or organs from an animal?	Yes	No	if so, who?
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	No
--	-----	----

Have you ever received a human organ, tissue transplant or human extract?	Yes	No
---	-----	----

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
---	-----	----

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?	Yes	No
--	-----	----

Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No
--	-----	----

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: 9/24/2009

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: _____