

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

Donor Number: 0271 (For Agency Use Only)

Today's Date: 10/12/2009_

Date of Birth: 03/07/1990

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

Full Legal Name and any aliases:

Social Security #: _____

Insurance Co: none

Address: _____ City: Englewood State: CO Zip: _____

Home Phone _____

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

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

I check my email: all day

Are text messages permissible and if so at what telephone numbers? Yes _____

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? 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? now

Who may we contact in case of an emergency? _____

Relationship Husband Ph: _____

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

Are you (Pls. Circle): Married

Are you a U.S. Citizen? Yes

Do you have medical insurance? No

If so, provide name of your health plan and identification number: _____

Are you willing to travel for an egg donation? Possibly if: paid for and my daughter and husband can come

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

Have you ever filed bankruptcy? No If so, when? _____

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

PHYSICAL CHARACTERISTICS

Age: 21 Height: 5ft 3in Weight: 150 Measurements: Bust 42in Hips 36in Waist 32in

Race: African American

Ethnicity: (Pls. be specific, ie...German, French, Irish, etc...) Irish African American

Mother's Side: African American

Father's Side: Irish

Blood Type: A+ (+ or -) Place of Birth: Youngstown Ohio

What celebrity do people most commonly say you look like? Gabriele Union

***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:	*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 _____ to _____ years of age					

REPRODUCTIVE HISTORY

Age at first period? __9__ Are your cycle's regular? __yes__

How long are your cycles from day one to the next day one? __23__ How long do they last? 1 week

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. 2008	Delivery Vag girl natural	0	0	0	0
2.					
3.					
4.					
5.					
6.					

Any complications? __no__

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? 5,000

What is the least amount you would consider 3,000

Will you require missed wages from work? no

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

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

MEDICAL HISTORY

Have you ever had any surgeries? No 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? no If yes, how many drinks per: day? _____ week? _____ month?

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

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? 1yr

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)? 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 list all prescription or over the counter medications including dosage you are currently taking:
Tylenol, and Nora-be (non hormonal birth control)

***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 _completed

Jr. High School _completed

Sr. High School (GPA: 3.75)

Currently in College pursuing a degree in: Healthcare

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: ____n/a_____

ACT's: ____n/a_____

College GPA: 3.0

Please list names and year of all colleges attended:

College

Year

1. career institute _____ 2009 _____

2. _____

3. _____

What was your favorite subject in school? Chemistry _____ You're least favorite Algebra _____

Dean's List or Honor Roll? no _____

As an adult I am most proud of: My daughter _____

Currently I have a career in: staying at home _____

I have been in this profession for 0 _____ days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: ____ Spanish English

Read: ____ English _____

Write: _____ English

I consider myself: Athletic Active Average Inactive

Physical activities include: walking, running, exercising, and tennis

Have you excelled in any physical activities? ____yes_____

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: healthy

Other skills or talents? Artistic, poetic, problem solving

Do you show artistic or musical ability? ____yes____ If yes please explain: scrapbooking, and drawing

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Black	Brown	5'2 163	Dark brown	45		
Father	black	green	5'9 185	Light brown	48		
Brother: 1.	Black	Dark brown	5'9 173	Dark brown	27		
Sister: 1.	brown	Dark brown	5'3 109	Dark brown	24		
2.	Light brown	Dark brown	5'2 155	Dark brown	13		
3.	Dark brown	Dark brown	3'4 90	Dark brown	6		
4.	Dark brown	Dark brown	2'5 96	Dark brown	3		
Maternal Grandmother	black	brown	5'4 129	Dark brown	63		
Maternal Grandfather	black	brown	5'9 170	Dark brown	deceased	48	Heart attack
Paternal Grandmother	brown	blue	5'3 150	Light brown	70		
Paternal Grandfather	brown	green	5'6 165	white		60	Natural causes
Children: (If Any) 1.	black	Grayish brown	24" 9lbs	white	7 weeks		
2.							
3.							
4.							

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

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

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

How would you describe your personality and temperament? I'm a very happy go lucky person, I love to have fun and enjoy time with my family.

What is your philosophy of life? You live life one day at a time and when one door closes a window opens

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

How does it make you feel at the possibility of their offspring knowing about the donation? I'm ok with it

How would you describe your childhood? Great

What is the earliest memory you hold as a child? It was cold; my mom had my sister and I bundled up, and a reporter had come up to my mom and took a picture of us after they talked about the weather and the next morning we were in the front page of the paper.

What was it like growing up in your family? Fun I learned how to be a wonderful mother from my mom.

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: draw

At home I was expected to: do chores and keep the house clean

My parents were strict about: going out and being mean

My parents taught me to value: life and be grateful for what I have

What I loved most about my father was: nothing my mom got remarried my step father was the best

What I loved most about my mother was: the attention and advice she would give me

My favorite relatives were: my mom and Aunt Rita

I loved to visit: my aunt Rita

In comparison to others I was: more adventurous and more caring

Your Teenage Years:

Describe yourself as a teenager: fun and loving easy to handle

Describe your achievements: I started going to college early for bio technological chemical engineering, but it just didn't make me happy so I started to travel, worked on a ranch, and got married, and had my daughter

Did you do poorly at anything? No

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? I hope to give someone the happiness and joy I experience every single day I look into my daughter's eyes

What message would you like passed on to the recipient of your eggs/their offspring? I hope all goes well for you

What helped you decide to become an egg donor? The thought of me being in someone else's shoes and not being able to have a child I couldn't picture my family without my beautiful daughter.

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? Somewhat

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? I don't have any, yes I became the mom and wife I've always wanted to be.

What do you see yourself doing in the next 5-10 years? Working from home doing billing and coding while taking care of my children.

What would you like your recipient couple to know about you that has not already been asked? That I hope they cherish their child the way I cherish my daughter. I want them to know I'm also a fast learner.

What is your favorite color? **Pink**

Favorite type of food? **Ice cream**

Favorite movie? **Moulin rouge**

Favorite type of music? **Rmb**

Favorite Book? **A child called it**

Would you be willing to donate to gay or single prospective parents? **yes** Please specify: I don't discriminate ill donate to whoever needs help.

Would you be willing to meet a child conceived as the result of your donation? **yes** Please elaborate: I don't mind setting up a meeting if the parent/ or parent want to.

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 believe it's the parent's decision to do as they please.**

How do you fee 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? **Yes I would gladly do that**

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?
If they can't be used I don't mind them being donated, yes

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'm ok with that**

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?
I don't mind

Is there a message you would like to leave for your prospective parents? **No**

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	No						
B. heart attack					yes		Died
C. heart disease	No						
1. from birth	No						
2. lifestyle	No						
D. hardening of the arteries	No						
E. high blood pressure		yes					All during pregnancy
BLOOD							
A. anemia	No						
B. sickle-cell anemia	No						
C. hemophilia or other bleeding problem	No						
D. leukemia	No						
E. Immune Deficiency	No						
F. other blood disorder	No						
RESPIRATORY (LUNGS)							
A. hay fever	No						
B. asthma	No						
C. emphysema	no						
D. tuberculosis	No						
E. lung cancer	no						
F. pneumonia	No						
G. other lung disease	No						
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum	No						
B. gall stones	No						
C. hepatitis A	No						
D. hepatitis B	No						
E. cirrhosis	No						
F. colon cancer	No						
G. ulcerative colitis	No						
H. Crohn's disease	No						
I. cystic fibrosis	No						
J. intestinal cancer	No						
K. any other cancer/digestive prob.	no						
METABOLIC/ENDOCRINE							
A. diabetes mellitus	No						
B. hypoglycemia	No						
C. thyroid cancer	No						
D. thyroid disease	No						
E. goiter	No						
F. adrenal dysfunction or disorder	No						
G. hyperactivity	No						
URINARY							
A. kidney disease	No						
B. other disease of urinary tract (urethra, bladder, ureter)	No						
GENITAL/REPRODUCTIVE							
A. undescended testicle	No						
B. hypospadias	No						
C. prostate cancer	No						
D. uterine fibroids	no						
E. ovarian cysts	No						
F. cancer of cervix, ovaries or uterus	No						

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines	yes	yes					Mostly during pregnancy
B. mental retardation	No						
C. senility before age 50	No						
D. Multiple Sclerosis	No						
E. Cerebral Palsy	No						
F. epilepsy	No						
G. hydrocephalus	No						
H. disorder of the spinal cord	No						
I. Huntington's chorea	No						
J. Gaucher's disease	No						
K. Wilson's disease	No						
L. Creutzfeldt-Jacob disease	No						
M. Alzheimer's disease	No						
N. other diseases of the nervous system	No						
MENTAL HEALTH							
A. schizophrenia	No						
B. bipolar or manic depressive	No						
C. depression	No						
MUSCLE/BONE/JOINTS							
A. muscular dystrophy	No						
B. other chronic muscle disease	no						
C. lupus	No						
D. deformity of the spine	No						
E. osteoporosis	No						
F. dwarfism	No						
G. heredity low back disease	No						
H. arthritis	No						
I. gout	No						
SIGHT/SOUND/SMELL							
A. deafness before age 60	No						
B. deformity of the ear	No						
C. cataracts before age 50	No						
D. blindness	No						
E. color blindness	No						
F. glaucoma	No						
G. deviated septum	No						
H. any other sight/sound/smell disorders	No						
SKIN							
A. acne	yes						During pregnancy
B. eczema	yes						Not server but a little
C. skin cancer	no						
D. pigmentation disorders	No						
E. other disorders of the skin	No						
OTHER							
A. alcoholism	no						
B. drug abuse, misuse or addiction	No						
C. breast cancer	No						
D. any other cancer not mentioned above	No						
E. any other condition not mentioned above	No						

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

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?	No
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Have you ever been diagnosed with hepatitis?	No
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Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	No
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Have you ever been diagnosed with or suspected to have West Nile Virus?	No	if so, when?
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Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	No	if so, when?
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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?	No	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	No
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Do you have a history of changes in cognition, speech or gait?	No
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Have you ever received a blood transfusion?	No	if so, where?
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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?	No
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(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?	No
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	No
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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?	No
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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?	No
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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?	No
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	No	if so, when?
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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?	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?	No
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Have you ever received a human organ, tissue transplant or human extract?	No
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(Cont'd)

Have you ever been excluded as a blood donor?	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	No
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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?	No
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Have you received a bite from an animal suspected for rabies within the last six months?	No
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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: 10/12/2009

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: 10/12/2009

Witness to Signatures above:

Date: 10/12/09

