

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

Donor Number: 0291 (For Agency Use Only)

Today's Date: 01/29/2010

Date of Birth: 09/03/1991

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

Full Legal Name and any aliases:

Social Security #: Insurance Co: Colorado Access

Address: City: Denver State: CO Zip:

Home Phone: Work Phone: Work from home

Cell Phone: 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? 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? I am available as soon as you can get me in

Who may we contact in case of an emergency?

Relationship Husband Ph:

Who may we contact in case your demographics change? 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: I will travel down to Castle Rock, but if out of state, I will if Paid for traveling costs

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: 19 Height: 5'3 Weight: 115 Measurements: Bust 34 A/B Hips 33 in Waist 30 in

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Irish, English, Scottish, German, and Cherokee.
Mother's Side: American

Father's Side: American

Blood Type: A+ (+ or -) Place of Birth: Jackson, TN

What celebrity do people most commonly say you look like? I haven't been told that I look exactly like a celebrity, but that I should become one

***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 moderate 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 never had braces
 *Age during use never used braces or retainer

REPRODUCTIVE HISTORY

Age at first period? 15 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? 3-4 days

Do you experience cramps? None Mild Average Severe

Method of birth control? none If none, in the past? Kariva

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 | Feamle | 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)? Never donated 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? No. Previously work from home

If yes, what is your hourly wage? _____ How many hours per week do you work? 15 or less

Will you require childcare reimbursement? Most likely not If yes, what is the hourly rate? \$5-\$8 X 1 kid

MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date: No

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? No Pls. explain: _____

Describe any childhood allergies that you have outgrown: No allergies

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 No

If yes, for how long? 3 years

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: None

***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: 3.8) - Graduated
Currently in College pursuing a degree in: Early Childhood Education
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: Didn't have to take
GPA from college yet.

ACT's: Didn't have to take

College GPA: Haven't gotten a

Please list names and year of all colleges attended:

College

Year

1. Community College of Aurora

2010

2. _____

3. _____

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

Dean's List or Honor Roll? Honor Roll throughout all Elementary and Middle School/Highschool was online

As an adult I am most proud of: Having the family that I have

Currently I have a career in: Selling Avon and selling on Ebay

I have been in this profession for 2 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: Running, exercise, playing with my daughter

Have you excelled in any physical activities? Running, swimming

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? Was a gymnastics teacher and a cheerleader

Do you show artistic or musical ability? Yes If yes please explain: I love to paint and play the saxophone

FAMILY HEALTH HISTORY

| | Hair Color | Eye Color | Height Weight | Skin Tone | Age If Living | Age at Death | Cause of Death |
|--------------------------|---------------|--------------|------------------|-----------------|------------------|-----------------|----------------|
| Mother | Dark Brown | Brown | 5'5/140 | Light | 39 | | |
| Father | Brown | Blue | 6'1/190 | Medium Light | 39 | | |
| Brother: 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Sister: 1. | Dark Brown | Brown | 5'4 /136 | Light | 16 | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Maternal Grandmother | Brown | Brown | 5'5/130 | Light | 68 | | |
| Maternal Grandfather | Brown | Green | 6''/182 | Light | 71 | | |
| Paternal Grandmother | Brown | Green | 5'3/120 | Light | 79 | | |
| Paternal Grandfather | Blonde | Blue | 5'8/160 | Light | 77 | | |
| Children: (If Any) 1. | Brown | Brown | 32 in 19 Lbs | Medium Light | 1 | | |
| 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? My paternal Grandmother was a twin If yes, how many sets? 1

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) No

Sickle Cell (African American) No

Thalassemia (Greek/Italian) No

Tay-Sach's (Jewish) No

If yes to any of the above, were you determined a carrier? _____

How would you describe your personality and temperament? Very patient, kind, loving, a "people person", Friendly, Loves to smile

What is your philosophy of life? Always pursue my dreams, help people who are in need, live by Christian values, stay physically fit

What qualities and characteristics would you hope the recipient parents possess? Kind, loving people looking to be able to go through having a beautiful child

How does it make you feel at the possibility of their offspring knowing about the donation? I would respect their decision either way

How would you describe your childhood? Great! My childhood was filled with lots of great memories.

What is the earliest memory you hold as a child? I remember going to a Barney concert. I was 3 years old.

What was it like growing up in your family? I grew up in the country in Tennessee, we took a lot of trips, we had a lot of family time to spend together.

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Ride my bike and do gymnastics

At home I was expected to: Do chores. Say please and thank you. Be very polite.

My parents were strict about: Making sure I always stayed clean, brushed my teeth, ate healthy, did my chores, didn't watch scary movies.

My parents taught me to value: Life, Church, family

What I loved most about my father was: He would always do fun activities with me like sports and swimming

What I loved most about my mother was: I could talk to her about ANYTHING, and she would always understand

My favorite relatives were: I honestly loved all of my relatives. I never chose a favorite. I loved them all the same.

I loved to visit: The Smokey Mountains in East Tennessee. That was my favorite place to go as a child. We had a resort up there, and would spend a couple of weeks. It was so peaceful. And we would always go to Dollywood.

In comparison to others I was: Kind, sweet, understanding, loving, I listened very well, didn't get into trouble much at all.

Your Teenage Years:

Describe yourself as a teenager: Starting out as a teenager I was homeschooled. I went to a public school once I reached highschool. I ended up going to a school called Hope Online. I succeed well there and graduated at age 16 with a GPA of 3.87. I was a good teenager. I always had a job, and was very responsible with my money. I obeyed the rules and always looked forward to completing my goals and dreams. I also got married at age 16 to my wonderful, loving husband. We had our first child when I was 17.

Describe your achievements: I achieved graduating early. I also got to play the saxophone, which I always wanted to do.

Did you do poorly at anything? I would say no. Most everything I've ever done, I've succeeded at it.

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

What do you hope to achieve by volunteering in an egg donor program? I hope to bring joy to a family that's in need. I want to bring great happiness and lots of smiles. I want to give them an opportunity to have the joy of a child.

What message would you like passed on to the recipient of your eggs/their offspring? I would just like to say that I hope that I can bring you much joy. Having a child just changes everything. They bring so much joy and happiness. I would like to give you something you are in need of. I'm here to help you.

What helped you decide to become an egg donor? I've always been a very helping person in my life. When I found out about this program, it really brought a lot of joy to me. Being able to help a family in need would be such an incredible feeling.

Do you consider yourself a reliable person? I am a very reliable person.

Do you consider yourself a punctual person? Yes I am. I don't like to arrive late.

Would you describe yourself as a religious or spiritual person? Yes I am very religious. God is the number one priority in my life.

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 biggest goals after getting married were to go to college and to move into a house. I am currently fulfilling my college goal. I am getting a degree in Early Childhood Education. I'm not living in a house just yet, but we are living in a beautiful apartment.

What do you see yourself doing in the next 5-10 years? In the next 5 – 10 years I can see myself having my career, living in a nice home, being able to take nice family vacations, and helping out others in need.

What would you like your recipient couple to know about you that has not already been asked? If there is anything else that you would like to know about me, I will be more than happy to let you know.

What is your favorite color? Purple

Favorite type of food? I love veggies

Favorite movie? I don't have a particular favorite movie, but I love most Jim Carrey movies. He is my favorite actor.

Favorite type of music? Classical/Christian

Favorite Book? The Bible

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Yes I will be willing to donate to them. I want to make people happy; not turn them down.

Would you be willing to meet a child conceived as the result of your donation? Yes/No. Please elaborate: I would leave that up to the parents

Would you be interested in possibly meeting the prospective parents? I will also leave this up to them. If they would like to meet me, we could work that out. If not, I respect their decision.

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

I myself don't like the idea of abortion. It is against my religion. But I believe that everyone makes their own personal decisions in life.

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?

Yes

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 would honestly like my eggs to be used as much as possible for families in need. I will be willing to take a look over this document though.

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 find that everyone can make their own personal decisions. I will respect them.

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

As long as it makes them happy, I will be happy for them.

Is there a message you would like to leave for your prospective parents? In the end, all decisions are up to you. Whether you decided to have a surrogate mother, or carry the eggs yourself. I find that whatever makes you happy is the best decision. I really look forward to help your needs. The gift of life is a very precious thing!

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.

I asked my parents about their health issues. There were never really any health issues in either side of the family. Everyone is been pretty darn healthy in my family :) Thanks for your concern sweetie

| HEART | You | Mother | Father | Siblings | Grandparents | Other Family | Explain |
|--|-----|--------|--------|----------|--------------|--------------|---------|
| A. Stroke | NO | NO | NO | NO | NO | NO | |
| B. heart attack | NO | NO | NO | NO | NO | NO | |
| C. heart disease | NO | NO | NO | NO | NO | NO | |
| 1. from birth | NO | NO | NO | NO | NO | NO | |
| 2. lifestyle | NO | NO | NO | NO | NO | NO | |
| D. hardening of the arteries | NO | NO | NO | NO | NO | NO | |
| E. high blood pressure | NO | NO | NO | NO | NO | NO | |
| BLOOD | | | | | | | |
| A. anemia | NO | NO | NO | NO | NO | NO | |
| B. sickle-cell anemia | NO | NO | NO | NO | NO | NO | |
| C. hemophilia or other bleeding problem | NO | NO | NO | NO | NO | NO | |
| D. leukemia | NO | NO | NO | NO | NO | NO | |
| E. Immune Deficiency | NO | NO | NO | NO | NO | NO | |
| F. other blood disorder | NO | NO | NO | NO | NO | NO | |
| RESPIRATORY (LUNGS) | | | | | | | |
| A. hay fever | NO | NO | NO | NO | NO | NO | |
| B. asthma | NO | NO | NO | NO | NO | NO | |
| C. emphysema | NO | NO | NO | NO | NO | NO | |
| D. tuberculosis | NO | NO | NO | NO | NO | NO | |
| E. lung cancer | NO | NO | NO | NO | NO | NO | |
| F. pneumonia | NO | NO | NO | NO | NO | NO | |
| G. other lung disease | NO | NO | NO | NO | NO | NO | |
| GASTRO-INTESTINAL | | | | | | | |
| A. ulcer of stomach or duodenum | NO | NO | NO | NO | NO | NO | |
| B. gall stones | NO | NO | NO | NO | NO | NO | |
| C. hepatitis A | NO | NO | NO | NO | NO | NO | |
| D. hepatitis B | NO | NO | NO | NO | NO | NO | |
| E. cirrhosis | NO | NO | NO | NO | NO | NO | |
| F. colon cancer | NO | NO | NO | NO | NO | NO | |
| G. ulcerative colitis | NO | NO | NO | NO | NO | NO | |
| H. Crohn's disease | NO | NO | NO | NO | NO | NO | |
| I. cystic fibrosis | NO | NO | NO | NO | NO | NO | |
| J. intestinal cancer | NO | NO | NO | NO | NO | NO | |
| K. any other cancer/digestive prob. | NO | NO | NO | NO | NO | NO | |
| METABOLIC/ENDOCRINE | | | | | | | |
| A. diabetes mellitus | NO | NO | NO | NO | NO | NO | |
| B. hypoglycemia | NO | NO | NO | NO | NO | NO | |
| C. thyroid cancer | NO | NO | NO | NO | NO | NO | |
| D. thyroid disease | NO | NO | NO | NO | NO | NO | |
| E. goiter | NO | NO | NO | NO | NO | NO | |
| F. adrenal dysfunction or disorder | NO | NO | NO | NO | NO | NO | |
| G. hyperactivity | NO | NO | NO | NO | NO | NO | |
| URINARY | | | | | | | |
| A. kidney disease | NO | NO | NO | NO | NO | NO | |
| B. other disease of urinary tract (urethra, bladder, ureter) | NO | NO | NO | NO | NO | NO | |

| | | | | | | | |
|--|-----|--------|--------|----------|--------------|--------------|---------|
| GENITAL/REPRODUCTIVE | | | | | | | |
| A. undescended testicle | NO | NO | NO | NO | NO | NO | |
| B. hypospadias | NO | NO | NO | NO | NO | NO | |
| C. prostate cancer | NO | NO | NO | NO | NO | NO | |
| D. uterine fibroids | NO | NO | NO | NO | NO | NO | |
| E. ovarian cysts | NO | NO | NO | NO | NO | NO | |
| F. cancer of cervix, ovaries or uterus | NO | NO | NO | NO | NO | NO | |
| NEUROLOGICAL | You | Mother | Father | Siblings | Grandparents | Other Family | Explain |
| A. migraines | NO | NO | NO | NO | NO | NO | |
| B. mental retardation | NO | NO | NO | NO | NO | NO | |
| C. senility before age 50 | NO | NO | NO | NO | NO | NO | |
| | | | | | | | |
| D. Multiple Sclerosis | NO | NO | NO | NO | NO | NO | |
| E. Cerebral Palsy | NO | NO | NO | NO | NO | NO | |
| F. epilepsy | NO | NO | NO | NO | NO | NO | |
| G. hydrocephalus | NO | NO | NO | NO | NO | NO | |
| H. disorder of the spinal cord | NO | NO | NO | NO | NO | NO | |
| I. Huntington's chorea | NO | NO | NO | NO | NO | NO | |
| J. Gaucher's disease | NO | NO | NO | NO | NO | NO | |
| K. Wilson's disease | NO | NO | NO | NO | NO | NO | |
| L. Creutzfeldt-Jacob disease | NO | NO | NO | NO | NO | NO | |
| M. Alzheimer's disease | NO | NO | NO | NO | NO | NO | |
| N. other diseases of the nervous system | NO | NO | NO | NO | NO | NO | |
| MENTAL HEALTH | | | | | | | |
| A. schizophrenia | NO | NO | NO | NO | NO | NO | |
| B. bipolar or manic depressive | NO | NO | NO | NO | NO | NO | |
| C. depression | NO | NO | NO | NO | NO | NO | |
| MUSCLE/BONE/JOINTS | | | | | | | |
| A. muscular dystrophy | NO | NO | NO | NO | NO | NO | |
| B. other chronic muscle disease | NO | NO | NO | NO | NO | NO | |
| C. lupus | NO | NO | NO | NO | NO | NO | |
| D. deformity of the spine | NO | NO | NO | NO | NO | NO | |
| E. osteoporosis | NO | NO | NO | NO | NO | NO | |
| F. dwarfism | NO | NO | NO | NO | NO | NO | |
| G. heredity low back disease | NO | NO | NO | NO | NO | NO | |
| H. arthritis | NO | NO | NO | NO | NO | NO | |
| I. gout | NO | NO | NO | NO | NO | NO | |
| SIGHT/SOUND/SMELL | | | | | | | |
| A. deafness before age 60 | NO | NO | NO | NO | NO | NO | |
| B. deformity of the ear | NO | NO | NO | NO | NO | NO | |
| C. cataracts before age 50 | NO | NO | NO | NO | NO | NO | |
| D. blindness | NO | NO | NO | NO | NO | NO | |
| E. color blindness | NO | NO | NO | NO | NO | NO | |
| F. glaucoma | NO | NO | NO | NO | NO | NO | |
| G. deviated septum | NO | NO | NO | NO | NO | NO | |
| H. any other sight/sound/smell disorders | NO | NO | NO | NO | NO | NO | |
| SKIN | | | | | | | |
| A. acne | NO | NO | NO | NO | NO | NO | |
| B. eczema | NO | NO | NO | NO | NO | NO | |
| C. skin cancer | NO | NO | NO | NO | NO | NO | |
| D. pigmentation disorders | NO | NO | NO | NO | NO | NO | |
| E. other disorders of the skin | NO | NO | NO | NO | NO | NO | |

| OTHER | | | | | | | |
|---|----|----|----|----|----|----|--|
| A. alcoholism | NO | NO | NO | NO | NO | NO | |
| B. drug abuse, misuse or addiction | NO | NO | NO | NO | NO | NO | |
| C. breast cancer | NO | NO | NO | NO | NO | NO | |
| D. any other cancer not mentioned Above | NO | NO | NO | NO | NO | NO | |
| E. any other condition not mentioned Above | NO | NO | NO | NO | NO | NO | |

12/2007

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 personKnown 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 | <u>No</u> | |
| <hr/> | | | |
| In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis? | Yes | <u>No</u> | |
| <hr/> | | | |
| (Cont'd) | | | |
| Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months? | Yes | <u>No</u> | |
| <hr/> | | | |
| Have you ever been diagnosed with hepatitis? | Yes | <u>No</u> | |
| <hr/> | | | |
| Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months? | Yes | <u>No</u> | |
| <hr/> | | | |
| Have you ever been diagnosed with or suspected to have West Nile Virus? | Yes | <u>No</u> | if so, when? |
| <hr/> | | | |
| Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis? | Yes | <u>No</u> | 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 | <u>No</u> | if so, who? |
| <hr/> | | | |
| Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone? | Yes | <u>No</u> | |
| <hr/> | | | |
| Do you have a history of changes in cognition, speech or gait? | Yes | <u>No</u> | |
| <hr/> | | | |
| Have you ever received a blood transfusion? | Yes | <u>No</u> | 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**

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**

From 1980 to present, have you spent time that adds up To 5 years or more in Europe?

Yes **No** if so, where?

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?

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?

Yes — ~~No~~ **Answered no the question above**

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**

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

Yes **No** if so, when?

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?

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**

(Cont'd)

Have you ever been excluded as a blood donor? **Yes** **No** if so, why?

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: 01/29/2010

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: 01/29/2010

Witness to Signatures above: _____

Date: _____