

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

Donor Number: 0292 (For Agency Use Only)

Today's Date: ___02/15/2010___

Date of Birth: ___07/28/1988___

How did you hear of An Eggceptional Match? (If website, pls. specify): ___Previous donor of AEM-Friend

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: ___Kaiser Permanente___

Address: _____ City: ___Dacono___ State: ___CO___ Zip: _____

Home Phone: _____ Work Phone: _____

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? ___asap___

Who may we contact in case of an emergency? _____

Relationship ___Father___ Ph: _____

Who may we contact in case your demographics change? ___

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

Are you a U.S. Citizen? Yes No

Do you have medical insurance? Yes No

If so, provide name of your health plan and identification number: _____415898337_____

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: 23 Height: 5'8 Weight: 150 Measurements: Bust _____ Hips _____ Waist _____

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

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

Mother's Side: German

Father's Side: Irish

Blood Type: _____ (+ or -) Place of Birth: Denver, Colorado

What celebrity do people most commonly say you look like? Celine Dion

***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	<u>ambidextrous</u>			
Eyes:	*Color	<u>brown</u>	hazel	green	blue	
	*Set	narrow	<u>average</u>	wide		
	*Size	small	<u>average</u>	large		
	*Shape	round	oval	<u>almond</u>		
	*Shade	light	medium	<u>dark</u>		
Hair:	*Natural Color	blond	<u>brown</u>	black	red	other _____
	*Color as child	blond	<u>brown</u>	black	red	
	*Shade	light	medium	<u>dark</u>		
	*Type	<u>straight</u>	wavy	curly		
	*Fullness	<u>thin</u>	medium	thick		
	*Texture	<u>fine</u>	medium	course		
Nose:	*Size	small	<u>medium</u>	large		
	*Width	narrow	<u>average</u>	wide		
	*length	short	<u>average</u>	wide		
	*Nostril Flare	small	<u>average</u>	wide		
Cheekbones:	*Set	low	average	<u>high</u>		
	*Prominence	slight	medium	<u>strong</u>		
Mouth:	*Size	<u>small</u>	average	large		
	*Lips	thin	average	<u>full</u>		
Chin:	*Shape	square	<u>oval</u>	round		
	*Prominence	slight	<u>average</u>	strong		
	*Cleft	<u>none</u>	slight	medium		
Skin:	*Tone	light	<u>med-light</u>	medium	med-dark	dark olive
	*Tan Ability	none	slight	<u>medium</u>	easy	
	*Condition	normal	dry	oily	<u>medium</u>	combination
	*Acne	<u>none</u>	slight	medium	severe	at what age _____
Other Facial Features:	*Moles	<u>none</u>	one	several	numerous	
	*Freckles	none	<u>several</u>	moderate	numerous	
	*Dimples	none	<u>slight</u>	medium	deep	
Eyesight:	*Vision	<u>normal</u>		far-sighted	near-sighted	
	*Glasses	<u>none</u>	single	bifocal		
	*Astigmatism	yes	<u>no</u>	age diagnosed	_____	
Dental:	*Device	none	<u>braces</u>	retainer	other _____	
	*Reason	<u>cosmetic</u>	accident	disease	other _____	
	*Age during use _11_ to _16_ years of age					

REPRODUCTIVE HISTORY

Age at first period? 13 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 28 How long do they last? 4

Do you experience cramps? None Mild Average Severe

Method of birth control? pill 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
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? _____

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? \$5000-6000 (1st time donors \$5,000)

What is the least amount you would consider? \$5000

Will you require missed wages from work? Possibly

If yes, what is your hourly wage? \$10

How many hours per week do you work? 40

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: _____

EDUCATION

Highest Level of Education Completed: Grade School _K-5_
Jr. High School _6-8_
Sr. High School (GPA: _3.5_)
Currently in College pursuing a degree in: _____
Completed College with degree in: GRAPHIC DESIGN
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: _20.8_ College GPA: _3.8_

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>THE ART INSTITUTE OF CO</u>	<u>_2006-2009_</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? ART You're least favorite? ENGLISH

Dean's List or Honor Roll? BOTH

As an adult I am most proud of: MY DEGREE

Currently I have a career in: GRAPHIC DESIGN

I have been in this profession for 3 YR days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: SPANISH
Read: SPANISH
Write: SPANISH

I consider myself: Athletic Active Average Inactive

Physical activities include: AEROBICS / DAILY WORKOUT

Have you excelled in any physical activities? AEROBICS

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: AVERAGE

Other skills or talents? ARTIST/CREATIVE

Do you show artistic or musical ability? YES If yes please explain: GRAPHIC ARTIST/FINE ART

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	BROWN	BROWN	5'9 140	MEDIUM	36		
Father	BROWN	BROWN	6'0 200	MEDIUM DARK	36		
Brother: 1.	BROWN	BROWN	5'9 170	MEDIUM	18		
2.	BROWN	BROWN	5'5 100	MEDIUM	12		
3.							
4.							
Sister: 1.	BROWN	BROWN	5'8 170	MEDIUM DARK	20		
2.							
Maternal Grandmother	DARK BLONDE	BROWN	5'9 180	MEDIUM LIGHT	60		
Maternal Grandfather	BROWN	BROWN	5'7 160	MEDIUM		52	Heart Attack
Paternal Grandmother	Brown	Brown	5'9 160	Medium	54		
Paternal Grandfather	Brown	Brown	6'1 180	Medium	60		
Children: (If Any) 1.							
2.							
3.							
4.							

Are you adopted? _YES (by aunt and uncle)_ If yes, do you have access to your biological health history? _Yes_

Twins or multiple births in the family? _YES_ If yes, how many sets? _2_

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) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? OUTGOING, ENERGETIC, OVER ACHIEVER, FUN, HIGH SPIRITED, STUBBORN, DETERMINED, MOTIVATED, HARD WORKING, SMART, DOWN TO EARTH, BUBBLY, REBELLIOUS, CREATIVE, IMAGINATIVE, ASPIRING, CARING, FAITHFUL, FOCUSED, GRATEFUL, HONEST, OPEN-MINDED, RESPONSIBLE, SELF-DISCIPLINED, SILLY/GOOFY, SPONTANEOUS, ORGANIZED, METICULOUS

What is your philosophy of life? DREAM AS YOU LIVE FOREVER, LIVE AS YOU DIE TODAY- JAMES DEAN. TAKE ONE DAY AT A TIME, AND LIVE EVERY DAY TO THE FULLEST, AND BE THANKFUL FOR EVERYTHING, ESPECIALLY LIFE.

What qualities and characteristics would you hope the recipient parents possess? CREATIVE, HARD WORKING, CARING, KIND, GIVING, RESPONSIBLE

How does it make you feel at the possibility of their offspring knowing about the donation? I DON'T MIND

How would you describe your childhood? FUN, ENERGETIC, ADVENTUROUS, ATHLETIC, IMAGINATIVE

What is the earliest memory you hold as a child? Standing by the window excitedly waiting for my parents to pick me up from my biological mom's apartment.

What was it like growing up in your family? Amazing and fun. My parents were always very loving and caring for my brothers, and me. My father and I would wrestle with my brothers at night before bed. My mother took great care of us and was always there taking care of everything. We never had to worry about anything, and were always free to be just kids. My brothers and I got along great, and had the best adventures. My childhood was filled with exploring, adventures and excitement. I had a great childhood.

What religion did you belong to as a child? Christianity. I've always believed in God, and Jesus Christ but it was never forced or shoved in my face. It was always my choice.

When I Was A Child:

My favorite thing to do was: Draw and Imagine

At home I was expected to: Be a kid, and Behave

My parents were strict about: Being responsible and nice to others

My parents taught me to value: Hard work, family and education

What I loved most about my father was: He was always the support system of our family, and taught me how to work hard for everything that I got. Also, he showed us how to have a lot of fun.

What I loved most about my mother was: She is the most caring and giving person I've ever met in my whole entire life. She gave us everything we ever needed and was sweet and caring no matter what.

My favorite relatives were: My Grandparents

I loved to visit: My Grandparents who lived a block away. It was always fun to go over to my grandparent's house and draw and color all day.

In comparison to others I was: A very imaginative, creative and energetic child

Your Teenage Years:

Describe yourself as a teenager: I was dedicated to friends, and school. I always had plenty of energy and excitement to go around. I enjoyed school, sports, art and drama. I was very active as a teenager between playing sports or acting in the school plays. Every moment was filled with a memory.

Describe your achievements: I took school and my extracurricular activities very seriously, well having the time of my life. I set high goals and always achieved them. I lettered in drama my senior year. Explored my creativity in art through all years of high school. Received awards for my artwork, and had a piece selected to hang in the school. Played varsity volleyball my junior year. Got inducted into the National Honor Society my senior year. Maintained a 3.5 g.p.a from 9-11. Maintained a 4.0 my senior year.

Did you do poorly at anything? I excelled at everything I put my mind to

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? As a teenager my parents and I bummed heads at times. For the most part however everything went well.

What do you hope to achieve by volunteering in an egg donor program? I hope to achieve a couple's dream come true by giving them a child they've always wished for.

What message would you like passed on to the recipient of your eggs/their offspring? I wish them the best of luck with their child and relationship. A child is a true blessing.

What helped you decide to become an egg donor? I truly want to make a difference in someone's life

Do you consider yourself a reliable person? of course

Do you consider yourself a punctual person? of course

Would you describe yourself as a religious or spiritual person? I am a strong believer in Jesus Christ. My faith is very important to me. I am also open minded to other's beliefs too.

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 have a lot of personal goals in life. I set a goal and do everything I can to achieve it. I've achieved many of my goals. My life philosophy is "Dream as you live forever, live as you die today" -James Dean. My personal goal that is on going is to live life to the fullest.

What do you see yourself doing in the next 5-10 years? I see myself being on a creative team with a well-established graphic design firm in Denver. I hope to be doing what I love to do, and having fun while doing it.

What would you like your recipient couple to know about you that has not already been asked? Question: What I enjoy most in life. Answer: Life itself.

What is your favorite color? Black. It is a strong color that is professional, classy and simplistic. It couples nice with any color, and can be wore for any occasion.

Favorite type of food? Italian. My favorite food is ice cream though.

Favorite movie? The Lion King. My favorite modern movies are Pirates of the Caribbean, Transformers and The Hangover.

Favorite type of music? Alternative Rock. Favorite bands are Linkin Park and No Doubt

Favorite Book? Alice in Wonderland. The book was the most creative story I've ever read.

Would you be willing to donate to gay or single prospective parents? Both Please specify: As long as they are capable of giving their child the world, and everything they deserve. Gay parents are people too, and deserve to have a chance to raise a child.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: Only if the parents that conceived the child want me to meet their child. It would be a nice experience.

Would you be interested in possibly meeting the prospective parents? I would like to meet the parents so they can see my personality come through in person.

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

It is the mother's decision, and ultimately up to her

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 will help out in any way that I can. 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 will help out in any way that I can. 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 am fine with anything that happens. Rather I know the potential parents or not.

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

I am fine with that. It is up to the couple, and what they decide.

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

A child is a huge blessing in life. First off, congratulations on getting this much closer to your dream. Second off, good luck with your child and family. I wish you the best of luck in everything.

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					X		MGM
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
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							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
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							
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							
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							
D. any other cancer not mentioned above							
E. any other condition not mentioned above					M-Grandparents		High Cholesterol

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

(Cont'd)

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**

Have you ever received a blood transfusion? **Yes** **No** **if so, where?**

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**

(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**

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**

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	<u>No</u>	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	<u>No</u>
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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?	Yes	<u>No</u>
--	------------	------------------

Have you received a bite from an animal suspected for rabies within the last six months?	Yes	<u>No</u>
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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: ____February 11, 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: ____February 11, 2010____

Witness to Signatures above: _____

Date: _____