

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

**Donor Number: 0136** (For Agency Use Only)

Today's Date: April 14, 2010

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

Name: Kate

Date of Birth: 06/20/1985

Social Security #: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AZ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: \_\_\_\_\_

**I check my email:** all day once a day several times a week rarely

Are you currently listed with any other clinics or agencies? Not Anymore If yes, whom? \_\_\_\_\_

Have you ever been denied entry into another egg donor program? \_\_\_\_\_ 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? \_\_\_\_\_ 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? No Are you willing to travel for an egg donation? Yes

Do you have any legal cases pending against you? No Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No If yes, please elaborate: \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Age: 26      Height: 5'1"      Weight: 105 lbs      **Measurements:** Bust \_\_\_\_\_ Hips \_\_\_\_\_ Waist \_\_\_\_\_

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

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

Mother's Side: Italian, Spanish, Russian (non-Jewish) small %

Father's Side: Greek, Italian

Blood Type: A (+ or -)      Place of Birth: Brooklyn, NY

What celebrity do people most commonly say you look like? People say I'm exotic looking

Please circle appropriate response:

Body Type/Bone Structure:    **small**                      medium                      large

Hands:            **right-handed**                      left-handed                      ambidextrous

Eyes:	*Color	<b>brown</b>	hazel	green	blue
	*Set	narrow	<b>average</b>	wide	
	*Size	small	average	<b>large</b>	
	*Shape	round	oval	<b>almond</b>	
	*Shade	light	<b>medium</b>	dark	

Hair:	*Natural Color	blond	<b>brown</b>	black	red	other _____
	*Color as child	blond	<b>brown</b>	black	red	
	*Shade	light	medium	<b>dark</b>		
	*Type	straight	<b>wavy</b>	curly		
	*Fullness	thin	medium	<b>thick</b>		
	*Texture	fine	<b>medium</b>	course		

Nose:	*Size	<b>small</b>	medium	large
	*Width	narrow	<b>average</b>	wide
	*length	short	<b>average</b>	wide
	*Nostril Flare	small	<b>average</b>	wide

Cheekbones:	*Set	low	<b>average</b>	high
	*Prominence	<b>slight</b>	medium	strong

Mouth:	*Size	small	<b>average</b>	large
	*Lips	thin	average	<b>full</b>

Chin:	*Shape	square	oval	<b>round</b>
	*Prominence	slight	<b>average</b>	strong
	*Cleft	<b>none</b>	slight	medium

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				
Other:	*List _____				
	*Reason/Cause _____				

Age at first period? 12 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 25-30 days How long do they last? 4-5

Do you experience cramps? None Mild Average Severe

Method of birth control? Not Yet If none, in the past? Condoms

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? \_\_\_\_\_

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2001	Boy/Vag				
2. 2004	Girl/Vag				
3.					
4.					

Any complications? None

## MEDICAL HISTORY

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

1. I had an breast augmentation April 2001

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: \_\_\_\_\_

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

Please list all prescription or over the counter medications including dosage you are currently taking: None

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

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
6/2007	37	25	Yes	Yes (Twins)
10/2007	25	Unsure	Yes	Yes
2/2008	27	Unsure	Yes (Girl due in Dec) PGD done and all WNL	Pending
8/2008	24	Unsure	Yes	Pending

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 12-15

What is the compensation you are asking for your donation? \$8000 (1<sup>st</sup> time donors \$5000)

What is the least amount you would consider? \$8000

**\*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.**

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? Yes If yes, what is the hourly rate? \$7.00 X 2 kids

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

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes-8 yrs.  
If no, will your partner consent to standard blood testing? \_\_\_\_\_

Have you or your partner ever had a sexually transmitted disease? 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 mark any that apply to you within the last 12 months:**

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☐ Piercing or tattoos
- ☒ None of the Above

**EDUCATION**

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

Test Scores: SAT's: \_\_\_\_\_ ACT's: \_\_\_\_\_ College GPA: \_\_\_\_\_

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? \_\_\_\_\_

As an adult I am most proud of: Beginning own business

Currently I have a career in: Real Estate and Cosmetology

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

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

Languages: Speak: English

Read: English

Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: Running/Walking/Light weight Training/Cardio

Have you excelled in any physical activities? \_\_\_\_\_

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Good; Try to get as healthy as possible

Other skills or talents? I enjoy anything that allows me to be creative. Writing poetry and singing.

Do you show artistic or musical ability? Yes If yes please explain: Singing

**\*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.**

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'5" 130	Fair	51		
Father	Black	Blue	6'0" 200	Olive	50		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'3"	Fair	75		
Maternal Grandfather	Light Brown	Green	5'9"	Fair	73		
Paternal Grandmother	Light Brown	Green	5'6"	Fair	81		
Paternal Grandfather	Black	Blue	6'1"	Olive	78		
Children: (If Any) 1.	Light Brown	Light Brown	52" 53 lbs	Fair	6		
2.	Dark Brown	Brown	45"	Olive	3		
3.							
4.							

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

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

Are there any known genetic diseases that run in your family? No If yes, please identify all such diseases and explain in as much detail as possible:

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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:

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Have you ever been tested for:

Cystic Fibrosis (Caucasian) \_\_\_\_\_

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 very social; a people person. I always speak my mind, good or bad. Very honest and maybe sometimes a little too honest!

What is your philosophy of life? Treat others as you would like to be treated. Make mistakes and learn from them and never fear the future.

What qualities and characteristics would you hope the recipient parents possess? I would hope they are good people with good morals who truly want children for the right reasons.

How does it make you feel at the possibility of their offspring knowing about the donation? I am fine with that. It is up to the IPs to share with their children what they feel is right.

How would you describe your childhood? Great! Like all people, it had it's ups and downs and I grew up fast. However, I wouldn't change a thing....it's made me who I am today.

What is the earliest memory you hold as a child? I would say playing dolls with my grandfather. He would make the funniest girl voices! We are very close.

What was it like growing up in your family? I was very spoiled being the only child and grandchild for 7 years. It was great living so close to all of my family members and having one on one time with aunts and uncles.

What religion did you belong to as a child? My mother's side is Roman Catholic, my dad's Greek-orthodox



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

My favorite thing to do was: Read, make my own books and visit the aquarium

At home I was expected to: Never talk back and keep my room clean

My parents were strict about: School and good grades as well as whom my friends were

My parents taught me to value: All of the positive things in my life and not to dwell on what I didn't have

What I loved most about my father was: He would do anything to make me laugh

What I loved most about my mother was: Her strength and dedication to everything she does

My favorite relatives were: My grandfather and my younger cousin who is like a sister

I loved to visit: Aquarium, library, family and friends

In comparison to others I was: Very mature for my age

### **Your Teenage Years:**

Describe yourself as a teenager: Becoming a mother at 16 was very hard but the best thing that could have happened. I fell in love early in life and to this day, 8 years later, am still very much in love with the father of my children.

Describe your achievements: Starting my own real estate company. Going through school pregnant and being a mom.

Did you do poorly at anything? I am a terrible cook! Math is not my strong suit.

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? (e.g., emotionally, financially): It is very emotionally rewarding. I'm asking the min. compensation that NY offers.

What message would you like passed on to the recipient of your eggs/their offspring? I would like them to know that I am honored to have been chosen to help them and that I wish them all the best on their journey to parenthood!

What helped you decide to become an egg donor? Being a mother; I could not imagine not having my children. I want to help others achieve what I have, the joy of being a parent.

Do you consider yourself a reliable person? Yes. I own a business and keep to my commitments

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? No. I keep an open mind when it comes to religion. I believe in being a good person and positive things will come.

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 feel like I have achieved a lot of my goals. Owning a business, proving age has nothing to do with how good of a parent I could be to my family and we will soon be buying our first home.

What do you see yourself doing in the next 5-10 years? Working, enjoying life and living it to the fullest.

What would you like your recipient couple to know about you that has not already been asked? There's not much left to say-I am a pretty normal person who believes that you get back what you give in life. I enjoyed my experience as a donor, it has been one of the most rewarding experiences.

What is your favorite color? Pink

Favorite type of food? Seafood, pasta and grapes

Favorite movie? Anything scary

Favorite type of music? Tony Bennett/Lui Armstrong

Favorite Book? Anything by Eric Carle (I read a lot of children's books)

Would you be willing to donate to gay or single prospective parents? Yes Please specify: My first cycle was done with a same sex couple. I am open to helping any kind of family.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: With the understanding that the child does not have views of me as their mother. I am open to a friendship as well as providing any information I can.

Would you be interested in possibly meeting the prospective parents? With my past cycles, I have become very close with both of my last IPs so I am very open to meeting.

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

I feel that it is of great importance that the IPs do what they feel is in the best interest of the fetus, so I am not against it if it is needed.

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 would not agree to the remaining embryos being donated to another couple. I wouldn't feel comfortable with not knowing the outcome.

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?

Yes, I would be fine with that. I have consented to it before.

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 don't feel comfortable with that. I feel as though I am agreeing to do this for one family and that is the only people the eggs should go to.

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. Both my IPs have used carrier's.

Is there a message you would like to leave for your prospective parents? I would like to say how honored and privileged I am to have been chosen to be a part of this journey with you. I myself am a mother and know first hand how trying and complicated being a parent can be, but it is also the most rewarding. Although we may never meet or speak, I would like you to know that my decision to become a donor truly came from the heart. I feel that anyone who goes through a process like this truly deserves the gift of a child. I wish you all the best in the process and in life.

### CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to Signatures above: \_\_\_\_\_

Date: \_\_\_\_\_

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							
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
<b>NEUROLOGICAL</b>							
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							