

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

Donor Number: 0284 (For Agency Use Only)

Today's Date: 11/10/2009

Date of Birth: 08/17/1981

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Glendale State: AZ 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? Immediately

Who may we contact in case of an emergency? _____

Relationship _____ 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: _____

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: 30 Height: 5'5" Weight: 120 lbs **Measurements:** Bust 32 C Hips 33 Waist 28

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

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

Mother's Side: Irish/Scottish

Father's Side: English/Scottish

Blood Type: AB (+ or -) Place of Birth: Northridge, CA

What celebrity do people most commonly say you look like? Gweneth Paltrow

***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 <u>17</u> to <u>19</u> 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? 30 How long do they last? 4-5

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

Method of birth control? Condoms 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. 2005	Vag-Boy				
2. 2007	Vag-Boy				
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?
11/11	22	15 (?)	Yes	Pending
04/9/12	19	11	Yes-Twins	Pending

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? Cycle #2-Four Grade A.

What is the compensation you are asking for your donation? \$8500 (1st time donors \$5,000)

What is the least amount you would consider? ?

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? _____ X _____ kids

MEDICAL HISTORY

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

1. None

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: Cats

Describe any childhood allergies that you have outgrown: Cats

Do you have any medical illnesses (diabetes, asthma, etc...)? Yes If yes, pls. explain: Mild Asthma. My asthma was childhood. I do not take any medications for it on a regular basis. It will flare up with allergies or infection, but less than once per year.

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? 6 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 _____
Jr. High School _____
Sr. High School (GPA: 3.5)
Currently in College pursuing a degree in: _____
Completed College with degree in: Business Administration
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: 1040 ACT's: _____ College GPA: 3.0

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>Southwestern</u>	<u>2000-2004</u>
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My commitment to my family

Currently I have a career in: _____

I have been in this profession for _____ 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: Biking, Swimming, Running, Dance

Have you excelled in any physical activities? Swimming, Track and Dance

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? Parenting skills, sewing, cooking

Do you show artistic or musical ability? No If yes please explain: _____

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'2" 150	Olive	52		
Father	Brown	Brown	6'0" 185	Med	52		
Brother: 1.	Brown	Brown	6'0" 180	Olive	29		
2.							
Sister: 1.	Brown	Brown	5'3" 150	Fair	31		
2.	Brown	Brown	5'3" 150	Fair	26		
Maternal Grandmother	Red	Blue	5'3" 160	Fair	82		
Maternal Grandfather	Brown	Brown	5'8" 165	Olive		53	Heart Disease/Lifestyle choices
Paternal Grandmother	Brown	Blue	5'4" 150	Fair	75		
Paternal Grandfather	Blonde	Blue	5'10" 165	Med		68	Luekemia-Not genetic-My grandfather was diagnosed with leukemia, two weeks before he died. It was very sudden and he was quite healthy before that. No one else in our family has had any form of cancer.
Children: (If Any) 1.	Blonde	Hazel	35 lbs	Olive	4.5		
2.	Blonde	Hazel	30 lbs	Olive	2.5		

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:

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: NO

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? N/A

How would you describe your personality and temperament? I'm very outgoing. I tend to be spontaneous. I'm very generous and kind.

What is your philosophy of life? Everything I do in life begins with health. I strive to be successful in all areas of life.

What qualities and characteristics would you hope the recipient parents possess? I hope they are gentle and patient parents.

How does it make you feel at the possibility of their offspring knowing about the donation? It's a personal decision for the parents to make when the time is right.

How would you describe your childhood? Very pleasant, blessed to have loving parents and 3 full siblings.

What is the earliest memory you hold as a child? My 4th birthday party!

What was it like growing up in your family? We were well loved but strictly disciplined. My siblings and I were close in age and played well together.

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Be social, play sports and play outdoors with friends

At home I was expected to: Be respectful

My parents were strict about: Respect, grades, cleanliness, overall behavior

My parents taught me to value: Life and education

What I loved most about my father was: His work ethic

What I loved most about my mother was: Her devotion to her family

My favorite relatives were: My aunt

I loved to visit: California (to be spoiled by relatives!)

In comparison to others I was: Outgoing, pretty

Your Teenage Years:

Describe yourself as a teenager: I was devoted to youth group at church. I spent time doing many humanitarian events.

Describe your achievements: I was active in sports, maintained good grades and always achieved awards related to those.

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 help create a child for a loving home.

What message would you like passed on to the recipient of your eggs/their offspring? I would love for them to know that I'm a great parent myself! ☺

What helped you decide to become an egg donor? My best friend whom is currently a gestational surrogate.

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? Yes

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 graduated from college in 4 years. I worked for a fortune 500 company and made a good salary. Then, I decided to stay at home with my blessings ☺

What do you see yourself doing in the next 5-10 years? I see myself having one more child. When all my children are in school, I'd love to go back to my career.

What would you like your recipient couple to know about you that has not already been asked? I would love for you to know that I've always made good decisions in my life.

What is your favorite color? Green

Favorite type of food? Mexican

Favorite movie? Meet the Parents

Favorite type of music? Soft Rock

Favorite Book? Animal, Vegetable, Miracle

Would you be willing to donate to gay or single prospective parents? Yes Please specify: _____

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate:

Would you be interested in possibly meeting the prospective parents? Yes, I would love to.

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

I think it is totally up to the parents. I would not judge anyone.

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'm fine with that and would sign a consent.

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 am fine with this.

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?

That is fine.

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

That is fine.

Is there a message you would like to leave for your prospective parents? I would like prospective parents to know that I long for every person in this world to have a child if they so desire. I'm donating my eggs to hopefully make the process easier for them. I would love to meet them but I also understand that that may not be possible.

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					x		
1. from birth							
2. lifestyle					x		
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia					x		
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma	x		x				
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones		x					
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							

GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
MENTAL HEALTH							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
MUSCLE/BONE/JOINTS							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
SIGHT/SOUND/SMELL							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne	x			x			Slight-teens
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							

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 concecutive	Yes	No	

hours or longer?

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

(Cont’d)

Have you acquired a tattoo or other skin piercing procedure withhin 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, Gibralter 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
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(Cont'd)

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

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

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: _____