

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

Donor Number: 0337 (For Agency Use Only)

Today's Date: December 8, 2011

Date of Birth: January 14, 1985

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

I am interested in an () Open () Anonymous () Semi-Open-Donation () No Preference

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Irwin State: PA 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? **Yes** 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: 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: _____

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: 26 Height: 5'4" Weight: 145 Measurements: Bust 36D Hips 34" Waist 28"

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

Ethnicity: (Pls. Be specific, i.e....German, French, Irish, etc...) Irish, German, English

Mother's Side: Irish, German

Father's Side: German, Irish, English

Blood Type: O (**+** or -) Place of Birth: Pittsburgh PA

What celebrity do people most commonly say you look like? Carmen Electra...

***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 9		

Dental: *Device none braces retainer other _____
 *Reason cosmetic accident disease other _____
 *Age during use 13 to 14 years of age (mild crossbite)

REPRODUCTIVE HISTORY

Age at first period? 14 Are your cycle's regular? Yes
 How long are your cycles from day one to the next day one? 28-29 How long do they last? 3-4 days
 Do you experience cramps? None Mild Average Severe
 Method of birth control? Essure 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. 09/2004	Vag/Female				
2. 07/2007	C-Section/Female				
3. 04/2010	C-Section-Surrogacy				
4.					
5.					
6.					

Any complications? None

DONATION HISTORY

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?
6/2012	14	11-Fert. Center IL	Yes	Pending
8/2012	13	10-Fer. Center IL	Yes	Pending

Were their embryos left to cryopreserve (freeze)? Unsure If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? \$9,000 (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? \$5.00 X 2 kids

During travel assignments, will you: (☒) Drive yourself to the airport and require parking reimbursement
(☐) Take a taxi or shuttle and require reimbursement
(☐) Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? ☒ Yes ☐ No

MEDICAL HISTORY

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

1. C-Sections X 3

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 ☐ Yes, please explain: _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? ☐ No ☐ Yes _____

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? Yes If yes, how many drinks per: day? _____ week? 2 month? _____

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: Mild hay fever

Describe any childhood allergies that you have outgrown: None

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

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods?

No

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

Are you currently sexually active? Yes If yes, is it a monogamous relationship? Yes If yes, for how long? 10 yrs

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: _____)
Currently in College pursuing a degree in: _____
Completed College with degree in: Psychology
Currently pursuing advanced degree in: Marriage and Family Therapy
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: N/A College GPA: 3.89

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>University of Pittsburgh</u>	_____
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Honor Roll in High School, Dean's List. Each college year

As an adult I am most proud of: My family, our businesses and my education

Currently I have a career in: Stay at home mom

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

*I have flexibility in my current profession: Yes No

Languages: Speak: _____
 Read: _____
 Write: _____

I consider myself: Athletic Active Average Inactive

Physical activities include: Aerobics, running.

Have you excelled in any physical activities? Voice and cheerleading.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Very Good. I am very careful about what I eat, but do enjoy an occasion splurge. _____

Other skills or talents? _____

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

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Green	5'7" 130		49		
Father	Brown	Blue	5'10" 175		55		
Brother: 1.							
2.							
3.							
Sister: 1.							
2.							
3.							
Maternal Grandmother	Brown	Green	5'8" 130			58	No prior health issues before brain cancer diagnosis.
Maternal Grandfather	Unknown						
Paternal Grandmother	Blonde	Green	5'5" 145		85		
Paternal Grandfather	Brown	Blue	5'11" 175			75	Lung cancer (smoker)
Children: (If Any) 1.	Brown	Blue	3'10" 45		7		
2.	Brown	Blue	3'7" 40		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: _____

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) _____
Fragile X _____
Spinal Muscular Atrophy _____

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

How would you describe your personality and temperament? I am really social, love people and enjoy life. I believe in hard work and always trying to do the right thing. The trait that I consider the most difficult for me is patience.

What is your philosophy of life? Be honest. Work hard and do what you say you are going to do.

What qualities and characteristics would you hope the recipient parents possess? A good, stable relationship is really important to me.

How does it make you feel at the possibility of their offspring knowing about the donation? I am completely open and understanding. I can understand both sides of the choice.

How would you describe your childhood? I loved elementary school. I always did very well in school, got along well with peers and adults.

What is the earliest memory you hold as a child? I remember snuggling in bed with my parents at a very young age. I also can remember early Christmases.

What was it like growing up in your family? We always enjoyed each other. Even if we were just sitting around playing games, we tried to have a good time.

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Read

At home I was expected to: Do chores, be respectful

My parents were strict about: Most things ☺

My parents taught me to value: Hard Work, Education and Love

What I loved most about my father was: My dad was very emotional. He taught me how to explore my feelings and taught me about God.

What I loved most about my mother was: She was so hard working and was willing to do whatever she needed to do to help her family.

My favorite relatives were: My aunts and cousins. We have a very large family.

I loved to visit: Anywhere!

In comparison to others I was: Very outgoing, loving, social and generally happy.

Your Teenage Years:

Describe yourself as a teenager: I enjoyed staying busy with friends. I was active in our church group and loved summer camp.

Describe your achievements: I had good grades and did many activities within our gifted classes at school.

Did you do poorly at anything? I've never enjoyed math much. I have to work hard to get good grades in math.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? __None

What do you hope to achieve by volunteering in an egg donor program? I love the idea of continuing to do something that I feel passionate about (helping create families!).

What message would you like passed on to the recipient of your eggs/their offspring? I would like them to know how much I wanted to help their parents in creating their much desired family.

What helped you decide to become an egg donor? Through surrogacy, I became more aware of infertility and knew that this was something that I could do.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Usually early ☺

Would you describe yourself as a religious or spiritual person? Both

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 am excited to finish school and to continue to grow our two businesses. I have achieved a lot of my past goals. The above are ones that I am working toward.

What do you see yourself doing in the next 5-10 years? Growing both of our businesses and pursuing my PhD.

What would you like your recipient couple to know about you that has not already been asked? _____

What is your favorite color? Pink

Favorite type of food? Pizza

Favorite movie? The Bucket List, Dirty Dancing and We were Soldiers

Favorite type of music? Country

Favorite Book? I love Murder Thrillers... James Patterson

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Willing to help anyone.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would be okay with that. I understand the need that some children may have to be able to better understand their genetics.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?

Some contact is OK based on comfort levels of all parties. Yes, OK with them knowing my name.

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

My personal beliefs are that I would not terminate a pregnancy unless the baby could not survive outside the womb.

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 want to be notified in the case of wanting to adopt out the embryos.

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?

Yes.

Some clinics have their Prospective Parents sign away rights to any leftover embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

I would like to know the outcome of the embryos.

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

Is there a message you would like to leave for your prospective parents? I am so excited about the opportunity to help create your dream. With or without me, I wish you the very best of luck on your journey!

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	X						Mild
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer					X		PGF-Smoker
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							
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							
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					X		MGM-Brain
E. any other condition not mentioned above							

12/2007

RISK FACTORS

Yes No

Comment

Have you ever been sexually active with 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 person known 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	No
--	-----	----

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 within the preceding 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	
<hr/>			
Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
<hr/>			
Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	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	No	if so, who?
<hr/>			
Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No	
<hr/>			
Do you have a history of changes in cognition, speech or gait?	Yes	No	
<hr/>			
Have you ever received a blood transfusion?	Yes	No	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	
<hr/>			

(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
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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 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: 12/8/11

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: _____