

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

**Donor Number: 0205** (For Agency Use Only)

Today's Date: September 30, 2008

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

Name: Natalie

Date of Birth: 06/10/1982

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

Address: \_\_\_\_\_ City: Uniontown State: OH 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? No If yes, whom? \_\_\_\_\_

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? \_\_\_\_\_ 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? Yes

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

## PHYSICAL CHARACTERISTICS

Age: 29 Height: 5'10" Weight: 170 **Measurements:** Bust 38 Hips 40 Waist 31

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

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

Mother's Side: Slovenian, Ukrainian

Father's Side: French, Irish

Blood Type: O (+ or -) Place of Birth: Ravenna, OH

What celebrity do people most commonly say you look like? Angelina Jolie

Please circle appropriate response:

Body Type/Bone Structure:	small	<b>medium</b>	large		
Hands:	<b>right-handed</b>	left-handed	ambidextrous		
Eyes:	*Color *Set *Size *Shape *Shade	brown narrow small round <b>light</b>	hazel <b>average</b> <b>average</b> oval medium	green wide large <b>almond</b> dark	<b>blue</b>
Hair:	*Natural Color *Color as child *Shade *Type *Fullness *Texture	blond blond light <b>straight</b> thin <b>fine</b>	<b>brown</b> <b>brown</b> <b>medium</b> wavy medium medium	black black dark curly <b>thick</b> course	red red other _____
Nose:	*Size *Width *length *Nostril Flare	small narrow short small	<b>medium</b> <b>average</b> <b>average</b> <b>average</b>	large wide wide wide	
Cheekbones:	*Set *Prominence	low slight	<b>average</b> <b>medium</b>	high strong	
Mouth:	*Size *Lips	small thin	<b>average</b> <b>average</b>	large full	
Chin:	*Shape *Prominence *Cleft	square slight <b>none</b>	<b>oval</b> <b>average</b> slight	round strong 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 Pre-teen

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 9 to 11 years of age (**approx. 2 years in elementary**)

Other: \*List \_\_\_\_\_  
 \*Reason/Cause Dental work done at 16 due to car accident

### REPRODUCTIVE HISTORY

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

How long are your cycles from day one to the next day one? 26-28 How long do they last? 6-7 days

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

Method of birth control? None/Condoms If none, in the past? Depo provera

Have you ever been pregnant? No If yes, did you have trouble conceiving? N/A

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 below:

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

Any complications? N/A

## MEDICAL HISTORY

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

1. September 98'; Brain, broken pelvic bone, broken facial bones
2. January 03'; Leep Procedure

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 January 08'

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? \_\_\_\_\_ month? 1-2

Do you have any allergies to drugs or environmental exposures? No Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: Milk for my first year

Do you have any medical illnesses (diabetes, asthma, etc...)? Yes If yes, pls. explain: Hypothyroidism-Age 16

Please list all prescription or over the counter medications including dosage you are currently taking: Synthroid (100 mcg) for hypothyroidism (will not affect donation), Cytomel 5 mcg

**\*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.**

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? \$6500 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$4500

Will you require missed wages from work? No

If yes, what is your hourly wage? \$10.50 How many hours per week do you work? 40

Will you require childcare reimbursement? No If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

Have you been sexually active in the past 6 months? No

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

Have you or your partner ever had a sexually transmitted disease? Yes If yes, when and what was your treatment regimen? HPV: Leep on 1/2003 & currently Gardasil shots. (NOT genital warts or herpes, no reoccurrence since Leep)

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: 2.5)  
**Currently in College pursuing a degree in: Justice Studies**  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 23 College GPA: 2.0

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Walsh University</u>	<u>2000-2001</u>
2. <u>Kent State University</u>	<u>2001-2004</u>
3. _____	_____

What was your favorite subject in school? Theory You're least favorite? Spanish

Dean's List or Honor Roll? No

As an adult I am most proud of: Having been a student ambassador and being a dispatcher

Currently I have a career in: Dispatch

I have been in this profession for 1 yr. 5 mos days/mos/years

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

Languages: Speak: English

Read: English

Write: Englsih

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Working out; Cardio, yoga and toning

Have you excelled in any physical activities? Yes, but never really had an interest in sports

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Average

Other skills or talents? Scrap booking and arts/crafts, Puzzles

Do you show artistic or musical ability? Yes If yes please explain: Could have excelled but didn't have the drive/interest.

**\*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	Blue	5'7" 160	Fair	61		
Father	Brown	Blue	6'11" 180	Med	59		
Brother: 1.	Brown	Blue	5'11" 250	Fair	27		
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'4" 180	Fair-Med		83	CHF (Congestive Heart Failure)
Maternal Grandfather	Brown	Brown	5'10" 185	Med		79	Stroke
Paternal Grandmother	Brown	Brown	5'5" 125	Fair		85	Lung Cancer (Smoker)
Paternal Grandfather	Brown	Blue	5'10" 175	Med		77	Aortic Aneurism
Children: (If Any) 1.							
2.							
3.							
4.							

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

Twins or multiple births in the family? 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:\_\_\_\_\_

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 am fun loving, talkative and friendly. Determined, strong-willed and hard working. I am difficult to anger unless it has something to do with my friends or family.

What is your philosophy of life? I believe that God never gives us more than we can handle. The rough times that we go through are to prepare us for the tasks ahead.

What qualities and characteristics would you hope the recipient parents possess? I hope that they have good family values. I hope that they put away money as their child grows up to help put them through school or help them start out on their own.

How does it make you feel at the possibility of their offspring knowing about the donation? I think that if they don't understand it at first that they eventually will. I fully believe in whatever the parents choose to do. It is their child.

How would you describe your childhood? Very happy and enjoyable. I lived in a wonderful, safe neighborhood with great schools. I had lots of friends and a great family.

What is the earliest memory you hold as a child? Going to see the planes at the air dock and sitting on my grandfather's shoulders. I would have been about 3 years old.

What was it like growing up in your family? My dad was very athletic and taught me how to ride a bike & roller skate and even put a merry-go-round in our back yard. I had a lot of fun with my family and friends.

What religion did you belong to as a child? Methodist



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

My favorite thing to do was: Play outside with my friends

At home I was expected to: Behave during dinner, chores and clean my room

My parents were strict about: Behaving in public and not making a scene

My parents taught me to value: Friendship and love. Never take advantage of another person

What I loved most about my father was: His ability to do anything, build anything and fix anything

What I loved most about my mother was: She was my teddy bear. Always willing to give me a hug or hold me

My favorite relatives were: I looked up to my cousins the most probably because they were closer to my age

I loved to visit: My Aunt Joanne & Uncle Ronnie's. They had a huge yard to explore

In comparison to others I was: The clown

### **Your Teenage Years:**

Describe yourself as a teenager: I was chosen as a student ambassador when I was 14. I had a lot of fun but was also very driven and determined in school. I got in a really bad car accident when I was 16 but I stayed focused and goal oriented and worked my way through it.

Describe your achievements: I went to New Zealand and Australia to meet and speak with their parliament when I was 14. I was published in 1998 & 1999 in Who's Who of American High School Students. Achieved honors in reading and writing on the 12<sup>th</sup> grade proficiency.

Did you do poorly at anything? Science & Algebra

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I do have sensitive skin and had problems with some soaps and laundry detergents. As a result, it gave me some acne as a teen and some as an adult.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I love the idea of being able to help someone create the family that they have always wanted to have. I do not want to have children of my own and feel that this is the path that God wants me to follow.

What message would you like passed on to the recipient of your eggs/their offspring? Never be afraid of the path less traveled. You may have to work harder but you just might learn something from it!

What helped you decide to become an egg donor? The support of my mother

Do you consider yourself a reliable person? Definitely

Do you consider yourself a punctual person? I try to be. Too much to do & not enough time to do it all!

Would you describe yourself as a religious or spiritual person? I would say that I am religious. I do not think I would be where I am today without God in my life.

Do you have any ethical, moral or religious reservations about being an egg donor? No. I believe that I am helping out a couple achieve something that they have always wanted.

What are your personal goals? Have you achieved any of these goals? I hope to make the most out of each day. I do have career goals that start with going back to school and after I obtain my degree I would like to go through the police academy, so the extra money will be a big help.

What do you see yourself doing in the next 5-10 years? Working as a 911 dispatcher making my own way to the top.

What would you like your recipient couple to know about you that has not already been asked? That I am very thankful to have been given this opportunity to help out another person to create their family.

What is your favorite color? Blue, lavender and silver

Favorite type of food? Fruit/Veggies, bread & cheese

Favorite movie? Too many to pick just one! Drama & Horror

Favorite type of music? Rock & Roll

Favorite Book? Too many to pick just one!

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I would be comfortable donating to either.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I want to leave that decision up to the child and their parents.

Would you be interested in possibly meeting the prospective parents? Yes. I would also leave this up to the parents.

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

I feel that abortion is an option in the case of rape/incest and if the baby or mother is at risk of death/defect.

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 question it due to the fact that if someone can not afford treatment, how can they afford the cost of a child?

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?

I do not see any problem with either option. I would like to know what research would be performed.

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 do not see any problem with that. I would like to know what possible outcomes could occur.

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

I think that is a wonderful idea. Any family that is ready to bring a child into this world and is financially stable, should be able to use any available option to reach their goal and complete their family.

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

I wish them the best in over coming this obstacle and I hope that it works out for the best!

### 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					MGF		
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					PGF	PA,PU	Smokers/lifestyle
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					PGM		
E. lung cancer					PGM	PA,PU	All Smokers
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones					MGM		
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.					MGM		Stomach Cancer-Age 78
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)						MU	Bladder Cancer-Age 55 (Cured-Healthy and alive)
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer						MU	Age-60-(Cured, Healthy and alive)
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					MGM		Rheumatoid - Age
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	X						Pre-teen (some now)
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							