

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

Donor Number: 0331 (For Agency Use Only)

Today's Date: July 19, 2011

Date of Birth: June 24, 1980

How did you hear of An Eggceptional Match? (If website, pls. specify): Through the POWER study

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

Full Legal Name and any aliases: Joy

Social Security #: _____

Insurance Co: AETNA

Address: _____ City: Broomfield State: CO Zip: _____

Home Phone: N/A Work Phone: N/A

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 via cell phone

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? As soon as desired

Who may we contact in case of an emergency? _____

Relationship _____ Ph: _____

Who may we contact in case your demographics change? See Above 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: AETNA (Just signed up via work so I do not have my ID number yet).

Are you willing to travel for an egg donation? **Yes** No Possibly if: If the distance wasn't too far, and I could either travel with my daughter or I could find someone to watch her while I was traveling.

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: 31 Height: 5'00" Weight: 113 **Measurements:** Bust 34 Hips 37 Waist 26

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

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

Mother's Side: Filipino

Father's Side: Filipino

Blood Type: O+ (+ or -) Place of Birth: Philadelphia

What celebrity do people most commonly say you look like? There aren't enough petite Asian females in the celebrity world, unfortunately, to use as a comparison.

***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 <u>teen</u>
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	<u>9 yrs</u>	
Dental:	*Device	none	braces	retainer	other _____	
	*Reason	cosmetic	accident	disease	other _____	
	*Age during use _____ to _____ years of age					

REPRODUCTIVE HISTORY

Age at first period? 11 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28-29 days How long do they last? 3-4 days

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

Method of birth control? None at present If none, in the past? The Pill

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? Yes*

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				x	
2. 2007	Female, c-section				
3.					
4.					
5.					
6.					

Any complications? Emergency c-section was performed after 12 hours of labor and failure to progress (dilated only to 5 cm for a long time). Plus, the OB was worried that I was too small-framed to vaginally deliver.

***In 2005-2007; this was when I was married and really didn't pursue any avenues of treatment or try to investigate much because I was young and knew so many people who had had trouble that I presumed it was normal. In retrospect, I realize that I should've sought intervention earlier because I don't actually think it was me who had the trouble with the conception so much as either a low sperm count or difficulty with sperm-to-egg transport.**

DONATION HISTORY

Have you ever donated your eggs before? No If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?

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

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

What is the least amount you would consider? \$5,000

Will you require missed wages from work? Depends on the scheduling; my work hours can be flexible

If yes, what is your hourly wage? \$34/hr How many hours per week do you work? approx 40

Will you require childcare reimbursement? Depends on the schedule If yes, what is the hourly rate?
\$10 X _____ kids

During travel assignments, will you: (x)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 x____No

MEDICAL HISTORY

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

1. Wisdom teeth extraction, 2003
2. C-Section, 2007

Have you had a blood transfusion in the last 12 months? No

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? Yes If yes, please explain: Hospitalized at month 7 of pregnancy secondary to dehydration from food poisoning.

Have you been exposed to radiation or toxic chemicals in your work or personal life? I have worked with x-rays as part of my work history; the radiation was very limited and I always wore lead protection.

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? Yes If so, What? Tried marijuana in college

Do you drink alcohol? Yes If yes, how many drinks per: day? _____ week? _____ month? 1-3

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

Describe any childhood allergies that you have outgrown: No

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? 1 yr

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: Pre-natal vitamins, DHA supplement

***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: 3.55)
Currently in College pursuing a degree in: _____
Completed College with degree in: BA in English cum laude
Currently pursuing advanced degree in: _____
Completed advance degree in: **MS in Communication Disorders magna cum laude**
Vocational/Trade School: _____

Test Scores: SAT's: 1320 in 1997 ACT's: _____ College GPA: 3.41

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Univ. of Pennsylvania</u>	<u>2002</u>
2. <u>Eastern NM Univ.</u>	<u>2009</u>
3. _____	_____

What was your favorite subject in school? English Your least favorite? Physics

Dean's List or Honor Roll? Yes

As an adult I am most proud of: Raising my daughter as a single mom

Currently I have a career in: I am currently a Speech Language Pathologist at a nursing facility

I have been in this profession for 2 years days/mos/years

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

Languages: Speak: English, some Filipino, French, ASL
Read: English, some Filipino, French, ASL
Write: English, some Filipino, French, ASL

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

Physical activities include: Running, hiking, snowboarding, martial arts, tennis, biking

Have you excelled in any physical activities? State champ in high school in tennis and track, black belt in Taekwondo

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: "conveniently healthy"

Other skills or talents? Played piano for ten years, enjoy cooking and experimenting with food

Do you show artistic or musical ability? Somewhat If yes please explain: I can play piano fairly well and sign on key (most of the time)

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Black	Brown	5', 145 lbs	Fair	64		
Father	Black	Brown	5'9" 180 lbs	Dark	59		
Brother: 1.	Black	Brown	5'8" 152 lbs	Medium	28		
Sister: 1.	NONE						
Maternal Grandmother	Black	Brown	5'1" 140 lbs	Medium		78	Complications from CVA
Maternal Grandfather	Black	Brown	5'8" 190 lbs	Dark		83	Heart Failure
Paternal Grandmother	Black	Brown	5'4" 135 lbs	Fair	83		
Paternal Grandfather	Black	Brown	5'9" 180 lbs	Dark		85	Complications from colon surgery
Children: (If Any) 1.	Brown	Brown	36" 34 lbs	Fair	3.5		
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:

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) No
Thalassemia (Greek/Italian) No
Tay-Sach's (Jewish) No
Fragile X No
Spinal Muscular Atrophy No

If yes to any of the above, were you determined a carrier? N/A

How would you describe your personality and temperament? I am laidback, yet opinionated and strong-willed yet submissive at times. Typical paradoxical female, perhaps

What is your philosophy of life? You only live this life once, so make the most of it

What qualities and characteristics would you hope the recipient parents possess? I hope they are gentle, honest people with an appreciation for the spirit and joy of living

How does it make you feel at the possibility of their offspring knowing about the donation? I would be fine with whatever they feel most comfortable handling

How would you describe your childhood? Some have classified my childhood as privileged, but I think that my parents were generous and sacrificial about things that we did when I was growing up; we had lessons and sports practice, family vacations every summer and winter internationally (or to resort towns). Looking back, I'm appreciative of my childhood. I was very close with my family

What is the earliest memory you hold as a child? I recall the day that my best friend moved away to North Carolina when I was three

What was it like growing up in your family? My family is a close-knit family so we had family vacations with all the aunts, uncles, and cousins (my grandparents live in the Philippines and were not often able to accompany us on our vacations). I think my parents were loving and always introducing us to new things. We were encouraged to pursue avenues of interest (martial arts, tennis, snowboarding, etc

What religion did you belong to as a child? I was raised and confirmed as a Methodist

When I Was A Child:

My favorite thing to do was: Ride my bike and build forts in the forest

At home I was expected to: Be studious and respectful

My parents were strict about: Dating

My parents taught me to value: Humility and respect for others and the world

What I loved most about my father was: His intelligence and easy-going nature

What I loved most about my mother was: Her generosity and cooking

My favorite relatives were: My cousins

I loved to visit: My cousins' houses on the weekends or summer vacations

In comparison to others I was: short and shy

Your Teenage Years:

Describe yourself as a teenager: After the typical awkward phase, I was fun-spirited and smiley

Describe your achievements: Black belt in Taekwondo, state champ in doubles tennis and hurdles for track, applicant for NJ Governor's School for Creative Writing

Did you do poorly at anything? I wouldn't say that I was a great math student, though I was in the AP classes and took the exam to pass out of my math requirements for college.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I had moderate acne as a teenager that persisted into college and when I was pregnant. I excelled socially, academically, and athletically.

What do you hope to achieve by volunteering in an egg donor program? Given the difficulties I had conceiving initially, I understand the strong desire that one has to conceive and carry a child. I would want someone to give me the same gift if I was in the same circumstances. If my life circumstances were different, I would be a surrogate. I was fortunate enough to have an enjoyable pregnancy

What message would you like passed on to the recipient of your eggs/their offspring? I would just want them to treat the child-rearing experience as importantly as they possibly could

What helped you decide to become an egg donor? I recently saw a documentary on HBO about it and did some further research

Do you consider yourself a reliable person? Very. I dislike flaky people.

Do you consider yourself a punctual person? Yes. I do not like to be late, though I don't necessarily mind when others are late

Would you describe yourself as a religious or spiritual person? I have a healthy relationship with God, though I'm not religious. I'm spiritual

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 wanted to become a mother, and I did achieve that goal. I moved to Colorado to give my child a better life and environment in which to grow up.

What do you see yourself doing in the next 5-10 years? I hope to own my own Speech Pathology practice in Colorado, perhaps with more children, and married

What would you like your recipient couple to know about you that has not already been asked? Nothing that I can think of at the moment

What is your favorite color? Green

Favorite type of food? I am an adventurous eater; I love it all

Favorite movie? What Dreams May Come

Favorite type of music? Classical or Motown

Favorite Book? East of Eden by John Steinbeck

Would you be willing to donate to gay or single prospective parents? Yes! Please specify: I believe that everyone should be able to experience the wonder/joy/terror of being a parent

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I probably wouldn't do it unless it was openly discussed with his/her parents and that's what he/she wanted to do

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

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

My belief is that it is up to the parent to make that decision. He/She/They will be the ones to make sacrifices for that child

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 think that financial difficulties shouldn't be a determining factor; however, I also don't think that financial stability should be a determining factor. Intentions, values, and ability to be an effective, loving, patient parent are all that matters. I 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 believe in scientific study; I would sign a consent

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?

Sometimes ignorance can be bliss, though I'd be admittedly curious (but not judgmental) about the outcome.

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

I wish I could be the surrogate, but, at this time, that's difficult. I think that's their choice and whatever works for their situation.

Is there a message you would like to leave for your prospective parents? I'd prefer to meet you, if possible, but I understand that some people prefer anonymity. I'm filling out this application as my daughter plays in the hammock in our backyard and keep thinking about how she would feel as she grows up, knowing that there's a part of her that's out there that she may never know. I hope that you're as patient, open-minded and generous as you are in my imagination

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					X		
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure		x			X		
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					X		
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus		X (type II)					
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						
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							

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
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Have you ever been diagnosed with hepatitis?	Yes	No
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	No
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
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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?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
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Do you have a history of changes in cognition, speech or gait?	Yes	No
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Have you ever received a blood transfusion?	Yes	No	if so, where?
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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
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(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, h 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?
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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
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Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No
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CONSENT FORM

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

Donor's Printed Name: _____

Donor's Signature: _____

Date: _____

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: _____