

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

**Donor Number: 0194** (For Agency Use Only)

Today's Date: September 22, 2010

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

Name: Denise

Date of Birth: 09/22/1985

Social Security #:

Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_

City: GRAPEVIEW State: WA Zip: \_\_\_\_\_

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

May we leave a Message at Home Work Cell ALL

E-mail Address:

**I check my email:** all day

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? As soon as possible

Who may we contact in case of an emergency?

Who may we contact in case your demographics change?

Are you (Pls. Circle): **Single without relationship**

Are you a U.S. Citizen? Yes

Do you have medical insurance? Not currently    Are you willing to travel for an egg donation? Yes

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

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

## PHYSICAL CHARACTERISTICS

Age: 25      Height: 5ft 7 in      Weight: 163      Measurements: Bust 36      Hips \_\_\_\_\_      Waist \_\_\_\_\_

Race: Caucasian,

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

Mother's Side: Irish and Scottish

Father's Side: German Scottish

Blood Type: B+      Place of Birth: West Point NY

What celebrity do people most commonly say you look like? Drew Barrymore

Please circle appropriate response:

Body Type/Bone Structure:      large

Hands:      right-handed

Eyes:      \*Color      hazel  
         \*Set      average  
         \*Size      average  
         \*Shape      oval  
         \*Shade      medium

Hair:      \*Natural Color      brown with a reddish tint  
         \*Color as child      brown  
         \*Shade      medium  
         \*Type      curly  
         \*Fullness      thick  
         \*Texture      medium

Nose:      \*Size      medium  
         \*Width      average  
         \*length      average  
         \*Nostril Flare      average

Cheekbones:      \*Set      average  
         \*Prominence      medium

Mouth:      \*Size      small  
         \*Lips      thin

Chin:      \*Shape      oval  
         \*Prominence      average  
         \*Cleft      none

Other: \*List \_\_\_\_\_  
 \*Reason/Cause \_\_\_\_\_

Any complications? NO

## MEDICAL HISTORY

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

1. Tubal Litigation- 3-29-2007 – ex husband wanted no more children
2. Back Surgery – Car accident

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

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? No If yes, please explain: \_\_\_\_\_

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

Have you received a bite from an animal suspect for rabies within the last 6 months? No

Have you ever had a reaction to anesthesia? No If yes, please explain reaction in detail: \_\_\_\_\_

\_\_\_\_\_

\*Do you smoke cigarettes? No      Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? no If so, What? \_\_\_\_\_

Do you drink alcohol? no If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? No

Describe any childhood allergies that you have outgrown: no

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

Please list all prescription or over the counter medications including dosage you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

**\*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? \$5000, plus travel expenses if needed (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? \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

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? Yes

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? No If yes, when and what was your treatment regimen? \_\_\_\_\_

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? no If yes, please explain treatment \_\_\_\_\_

**Please mark any that apply to you within the last 12 months:**

☐ XXXX None of the Above

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_12\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: \_\_3.08\_\_\_\_)  
Currently in College pursuing a degree in: Nursing  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: \_\_\_\_\_ College GPA: 3.5

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. Sullivan County Community College	2002-2004
2. _____	_____
3. _____	_____

What was your favorite subject in school? Biology You're least favorite? History

Dean's List or Honor Roll? Both

As an adult I am most proud of: my children and independence

Currently I have a career in: medical field

I have been in this profession for 2 years

\*I have flexibility in my current profession: Yes

Languages: Speak: English

Read: English

Write: English

I consider myself: Athletic

Physical activities include: swimming, running, walking, and hiking

Have you excelled in any physical activities? Soccer

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: healthy

Other skills or talents? Won many awards for singing

Do you show artistic or musical ability? Yes If yes please explain: Several awards for singing

**\*Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Green	5ft 8 151	Medium	38		
Father	Brown	Brown	5ft 10 189	Average	41		
Brother: 1.	Blonde	Green	6ft 154	Average	18		
2.	Blonde	Green	62 4ft 1	Average	8		
3.							
4.							
Sister: 1.	Brown	green	5ft 7in 160	Olive	21		
2.	Brown	Green	5 ft 5 135	Tan	15		
3.	Blonde	Blue	3ft? 41lbs	Light	6		
4.							
Maternal Grandmother	Brown	Brown	5ft 7 155	Average	59		
Maternal Grandfather	Grey	Green	6ft 186	Average	65		
Paternal Grandmother	Grey	Green	5ft 6in 132	Average	65		
Paternal Grandfather	Bald	Green	5ft 11 210	Average	66		
Children: (If Any) 1.	Blonde	Blue	3ft7in 41lbs	Average	4		
2.	Blonde	Blue		Average	1		
3.							
4.							

Are you adopted? \_no If yes, do you have access to your biological health history? \_\_\_\_\_  
Twins or multiple births in the family? yes If yes, how many sets? 1

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) \_\_yes\_\_  
Sickle Cell (African American) \_\_\_\_\_  
Thalassemia (Greek/Italian) \_\_\_\_\_  
Tay-Sach's (Jewish) \_\_\_\_\_

If yes to any of the above, were you determined a carrier? No

How would you describe your personality and temperament? Very upbeat happy person that enjoys making others happy, I really don't have a temper whatsoever

What is your philosophy of life? Life is what you make of it, you can't expect to sit there and have everything handed to you

What qualities and characteristics would you hope the recipient parents possess? Nurturing, loving, and willing to stay home and raise their children and love again that's the most important thing a parent needs

How does it make you feel at the possibility of their offspring knowing about the donation? I would like that, honesty is the best policy

What is the earliest memory you hold as a child? Watching cartoons with my grandpa every Saturday morning

What was it like growing up in your family? Very comforting and happy

What religion did you belong to as a child? Christianity



**When I Was A Child:**

My favorite thing to do was: go on walks and play in the yard

At home I was expected to: keep my room clean

My parents were strict about: my grades

My parents taught me to value: everything and take nothing for granted

What I loved most about my father was: I consider my step father my father and I loved him so much because even though I wasn't his child he treated me like I was and loved me like I was

What I loved most about my mother was: she was kind and compassionate

My favorite relatives were: my maternal grandparents

I loved to visit: my grandparents

In comparison to others I was: always trying to succeed in whatever I wanted

**Your Teenage Years:**

Describe yourself as a teenager: worked hard in school to graduate early

Describe your achievements: Graduated at 16, got accepted to 17 different universities, and received scholarships for academics

Did you do poorly at anything? Skiing I was really bad at it

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No I was a good student and kept busy

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): The ability to give someone else the joy of parenting

What message would you like passed on to the recipient of your eggs/their offspring? That no matter what I hope this child/offspring would be loved and cared for and treasured!

What helped you decide to become an egg donor? The fact that I do not want any more children and my eggs are doing nothing but sitting, so why not help someone who wants more children

Do you consider yourself a reliable person? Absolutely

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? No

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 have achieved my personal goals; I worked to support my self and children in a comfortable lifestyle

What do you see yourself doing in the next 5-10 years? Finishing my degree for a nurse practitioner

What would you like your recipient couple to know about you that has not already been asked? I look forward to helping them

What is your favorite color? Baby blue and powder pink

Favorite type of food? Chinese

Favorite movie? Passenger 57

Favorite type of music? Country

Favorite Book? Ice Station by Matthew Reilly

Would you be willing to donate to gay or single prospective parents? Absolutely I would prefer to donate to gays and singles

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

Would you be interested in possibly meeting the prospective parents? Yes if they would like that

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?  
If it's a significant abnormality that would prevent the child from living a normal happy life then ok

How do you fee 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 need to discuss that

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?

No I don't want that going to scientific research

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?

Not comfortable

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

That's fine as I was interested in being a gestational surrogate

#### MESSAGE TO IP'S

Is there a message you would like to leave for your prospective parents? As a parent myself I know the joys of being a parent, the first words and first steps, and it's an amazing journey. I look forward to helping you to become a parent just so you can feel how I feel!

#### CONSENT FORM

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

Donor's Printed Name:

Donor's Signature:

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

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

Donor's Signature:

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

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

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

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

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