

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

**Donor Number: 0183** (For Agency Use Only)

Today's Date: 10/16/2012

Date of Birth: 06/13/1985

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

Full Legal Name and any aliases:

Social Security Insurance Co: \_\_\_\_\_none\_\_\_\_\_

Address: City: Colorado Springs State: CO Zip:

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

Cell Phone: May we leave a voicemail message at: (Pls. Circle): Home Work Cell

Are email communications permissible? If so, what is your E-mail Address:

\_\_\_\_\_  
I check my email: all day once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes No

Are you currently listed with any other clinics or agencies? No If yes, whom? Have you signed a contract with any other clinic or agency? No If so, please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

\_\_\_\_\_  
How soon are you able to begin your donation? \_\_\_\_\_anytime\_\_\_\_\_

Who may we contact in case of an emergency?

Relationship Mother Ph.

Who may we contact in case your demographics change? \_\_\_\_\_ Ph: \_\_\_\_\_

Are you (Pls. Circle): Married **Separated** 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: 27 Height: 5'2" Weight: 115 lbs Measurements: Bust 36 Hips 36 Waist 29

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

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

Mother's Side: Colombian

Father's Side: Colombian

Blood Type: \_\_\_\_\_ (+ or -) Place of Birth: Colombia

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

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

PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE

Body Type/Bone Structure:		small	medium	large			
Hands:	right-handed	left-handed	ambidextrous				
Eyes:	*Color	brown	hazel	green	blue		
	*Set	narrow	average	wide			
	*Size	small	average	large			
	*Shape	round	oval	almond			
	*Shade	light	medium	dark			
Hair:	*Natural Color	blond	brown	black	red	other _____	
	*Color as child	blond	brown	black	red		
	*Shade	light	medium	dark			
	*Type	straight	wavy	curly			
	*Fullness	thin	medium	thick			
	*Texture	fine	medium	course			
Nose:	*Size	small	medium	large			
	*Width	narrow	average	wide			
	*length	short	average	wide			
	*Nostril Flare	small	average	wide			
Cheekbones:	*Set	low	average	high			
	*Prominence	slight	medium	strong			
Mouth:	*Size	small	average	large			
	*Lips	thin	average	full			
Chin:	*Shape	square	oval	round			
	*Prominence	slight	average	strong			
	*Cleft	none	slight	medium			
Skin:	*Tone	light	med-light	medium	med-dark	dark	olive
	*Tan Ability	none	slight	medium	easy		
	*Condition	normal	dry	oily	medium	combination	
	*Acne	none	slight	medium	severe	at what age _____	
Other Facial Features:	*Moles	none	one	several	numerous		
	*Freckles	none	several	moderate	numerous		
	*Dimples	none	slight	medium	deep		
Eyesight:	*Vision	normal	far-sighted	near-sighted			
	*Glasses	none	single	bifocal			
	*Astigmatism	yes	no	age diagnosed _____			
Dental:	*Device	none	braces	retainer	other _____		
	*Reason	cosmetic	accident	disease	other _____		
	*Age during use _____ to _____ years of age						

## 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? 28      How long do they last? 5 Days

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

Method of birth control? Paraguard    If none, in the past? Pill

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
1.2002	Male/Vag				
2.2007		X			
3.2007					X
4.2011	Male/Vag				
5.					
6.					

Any complications? None

## **DONATION HISTORY**

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

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

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

What is the least amount you would consider? 5k

Will you require missed wages from work? Maybe

If yes, what is your hourly wage? \$14

How many hours per week do you work? 40

Will you require childcare reimbursement? No

If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

## **MEDICAL HISTORY**

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

1. None

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? Yes If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? 4

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

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** No

If yes, for how long? 2yrs

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? Abx-over 3yrs ago.

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 12  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: 3.0)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: Criminal Justice  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: \_\_\_\_\_ College GPA: 3.60

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Everest</u>	<u>Current</u>
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? Yes

As an adult I am most proud of: My independence

Currently I have a career in: Student

I have been in this profession for \_\_\_\_\_ days/mos/years

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

Languages: Speak: Spanish, English

Read: Spanish, English

Write: Spanish, English

I consider myself: Athletic Active Average Inactive

Physical activities include: Working out at gym

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Normal

Other skills or talents? \_\_\_\_\_

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

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Green	5'3" 140	Med	50		
Father	Brown	Brown	5'4" 130	Med	50		
Brother: 1.							
2.							
Sister: 1.	Brown	Brown	5'5" 135	Med	30		
2.	Brown	Brown	5'2" 135	Med	26		
3.	Brown	Brown	90	Med	9		
4.							
Maternal Grandmother	Black	Hazel	5'2" 145	Med		73	Heart Attack
Maternal Grandfather	Black	Black	5'7" 170	Med		49	Car Accident
Paternal Grandmother	Brown	Brown	5'2" 130	Med	77		
Paternal Grandfather	Brown	Brown	5'4" 150	Med		50	Gun Shot
Children: (If Any) 1.	Brown	Black	50 lbs	Med/DK	7		
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: 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? Easy going, social.

What is your philosophy of life? You only live once so enjoy every single day as if it was your last!

What qualities and characteristics would you hope the recipient parents possess? Lovable, family oriented.

How does it make you feel at the possibility of their offspring knowing about the donation? Wouldn't bother me but is a decision the IPs would make.

How would you describe your childhood? Normal, happy ☺

What is the earliest memory you hold as a child? My grandma, feeding me soup when I was 2.

What was it like growing up in your family? It was wonderful, I have a very lovable family.

What religion did you belong to as a child? Catholic

**When I Was A Child:**

My favorite thing to do was: Play sports

At home I was expected to: \_\_\_\_\_

My parents were strict about: School

My parents taught me to value: Family

What I loved most about my father was: \_\_\_\_\_

What I loved most about my mother was: Hard working

My favorite relatives were: Grandma, sisters and cousin

I loved to visit: \_\_\_\_\_

In comparison to others I was: Very outgoing and always willing to help others

**Your Teenage Years:**

Describe yourself as a teenager: I always had a very supportive family. I got pregnant at 16 years old so I pretty much grew up too fast and took a lot of responsibility at an early age.

Describe your achievements: Being able to be a good mom and being able to support my son and myself. Work hard to give my son a good life.

Did you do poorly at anything? No, always did my best in everything I did.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No

What do you hope to achieve by volunteering in an egg donor program? I want to give somebody the blessing of a child.

What message would you like passed on to the recipient of your eggs/their offspring? I want them to know that

What helped you decide to become an egg donor? Just want to help other people if I can.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? 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? Finish school

What do you see yourself doing in the next 5-10 years? Being a professional

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

---

What is your favorite color? Blue

Favorite type of food? Colombian Food

Favorite movie? The Notebook

Favorite type of music? Spanish

Favorite Book? \_\_\_\_\_

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

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate:

Would you be interested in possibly meeting the prospective parents? Yes

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

No opinion.

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?

Yes, I would 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?

Yes, I would consent.

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?

As long as they are utilized in a positive way, I have no problem.

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

Sometimes there are things that we have to do to be happy.

Is there a message you would like to leave for your prospective parents? As a woman and mother of one, I know how important it is to be able to raise a child and have them call you mom or dad. That's a feeling almost everyone wants to experience. Sometimes there are couples that are not given that gift and if I can, I want to be able to help them.

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

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease					x		
1. from birth							
2. lifestyle					x		
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
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							

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?	<b>Yes</b>	<b>No</b>
---	------------	-----------

---

Have you ever been diagnosed with hepatitis?	<b>Yes</b>	<b>No</b>
--	------------	-----------

---

Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	<b>Yes</b>	<b>No</b>
---	------------	-----------

---

Have you ever been diagnosed with or suspected to have West Nile Virus?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
---	------------	-----------	---------------------

---

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b> <b>A year ago</b>
--	------------	-----------	---------------------------------------

---

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?	<b>Yes</b>	<b>No</b>	<b>if so, who?</b>
---	------------	-----------	--------------------

---

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	<b>Yes</b>	<b>No</b>
---	------------	-----------

---

Do you have a history of changes in cognition, speech or gait?	<b>Yes</b>	<b>No</b>
--	------------	-----------

---

Have you ever received a blood transfusion?	<b>Yes</b>	<b>No</b>	<b>if so, where?</b>
---	------------	-----------	----------------------

---

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?	<b>Yes</b>	<b>No</b>
--	------------	-----------

---



(Cont'd)

---

Were you a member of the US military, civilian military, employee or a dependent of a member of the military Stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?

**Yes** **No**

---

From 1980 to present, have you spent time that adds up To 5 years or more in Europe?

**Yes** **No** **if so, where?**

---

Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?

**Yes** **No** **If so, when?**

---

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?

**Yes** **No**

---

Have you ever had sexual contact with anyone who was born Or lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?

**Yes** **No**

---

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

**Yes** **No** **if so, when?**

---

Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves being exposed to live cells, tissues or organs from an animal?

**Yes** **No** **if so, who?**

---

Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?

**Yes** **No**

---

Have you ever received a human organ, tissue transplant or human extract?

**Yes** **No**

---

**(Cont'd)**

---

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
---	------------	-----------	--------------------

---

Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>
---	------------	-----------

---

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?	<b>Yes</b>	<b>No</b>
--	------------	-----------

---

Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>No</b>
--	------------	-----------

---

## 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: \_\_\_\_\_