

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

**Donor Number: # 0123** (For Agency Use Only)

Today's Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: 5/18/1982

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

Address: \_\_\_\_\_ City: Cincinnati 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? ASAP

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? Yes 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: 29 Height: 5'5" Weight: 138 lbs **Measurements:** Bust34-DD Hips \_\_\_\_\_ Waist \_\_\_\_\_

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

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

Mother's Side: African-American

Father's Side: African-America

Blood Type: O (+ or -)

Place of Birth: Cincinnati, OH

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

Please circle appropriate response:

Body Type/Bone Structure: small **medium** large

Hands: **right-handed** left-handed ambidextrous

Eyes:	*Color	<b>brown</b>	hazel	green	blue
	*Set	narrow	<b>average</b>	wide	
	*Size	small	<b>average</b>	large	
	*Shape	round	<b>oval</b>	almond	
	*Shade	light	medium	<b>dark</b>	

Hair:	*Natural Color	blond	brown	<b>black</b>	red	other_____
	*Color as child	blond	brown	<b>black</b>	red	
	*Shade	light	<b>medium</b>	dark		
	*Type	straight	wavy	<b>curly</b>		
	*Fullness	thin	medium	<b>thick</b>		
	*Texture	fine	medium	<b>course</b>		

Nose:	*Size	small	medium	<b>large</b>
	*Width	narrow	average	<b>wide</b>
	*length	short	<b>average</b>	wide
	*Nostril Flare	small	<b>average</b>	wide

Cheekbones:	*Set	low	average	<b>high</b>
	*Prominence	slight	medium	<b>strong</b>

Mouth:	*Size	small	<b>average</b>	large
	*Lips	thin	average	<b>full</b>

Chin:	*Shape	<b>square</b>	oval	round
	*Prominence	slight	<b>average</b>	strong
	*Cleft	<b>none</b>	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	_____

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Other Facial Features:	*Moles	none	one	several	numerous	
	*Freckles	none	several	moderate	numerous	
	*Dimples	none	slight	medium	deep	

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Eyesight:	*Vision	normal	far-sighted	near-sighted	
	*Glasses	none	single	bifocal	
	*Astigmatism	yes	no	age diagnosed	_____

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Dental:	*Device	none	braces	retainer	other	_____
	*Reason	cosmetic	accident	disease	other	_____
	*Age during use <u>21</u> to <u>22</u> years of age					

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Other:	*List _____					
	*Reason/Cause _____					

### 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? 28-30      How long do they last? 3-5 Days

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

Method of birth control? Abstinence      If none, in the past? \_\_\_\_\_

Have you ever been pregnant? No      If yes, did you have trouble conceiving? \_\_\_\_\_

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. No

2. \_\_\_\_\_

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 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: \_\_\_\_\_

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.**

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? \$4500 (1<sup>st</sup> time donors \$4,500)

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

Will you require missed wages from work? \_\_\_\_\_

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? 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? 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:**

- ☐ 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: 4.0) \_\_\_\_\_  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: Mass Media Communications-B.S.  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

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

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Oral Roberts University</u>	<u>2000-2004</u>
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: Graduating from college and my career experience

Currently I have a career in: Management

I have been in this profession for 1 year, 4 mos days/mos/years

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

Languages: Speak: English  
Read: English, some spanish  
Write: English

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

Physical activities include: Basketball, modern dance

Have you excelled in any physical activities? Yes

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Very good. I don't eat beef or pork. I eat baked foods and fruits and veggies.

Other skills or talents? Pantomime and dance.

Do you show artistic or musical ability? Yes If yes please explain: My dance/mime ability

**\*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	Black	Brown	5'5" 130	Fair	45		
Father	Grey	Brown	5'9" 190	Fair	50		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Black	Lt. Brown	4'11" 120	Fair	68		
Maternal Grandfather	Black	Lt. Brown	6'2" 220	Fair		55	Unknown
Paternal Grandmother	Black	Lt. Brown	4'11" 100	Fair	70		
Paternal Grandfather	Black	Brown	6'1" 200	Fair		74	Heart Attack
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:\_\_\_\_\_

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Have you had a brother or sister die in infancy or early childhood? No If yes, please explain the cause of death:\_\_\_\_\_

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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 a very loving and relational individual. I am funny, sweet and kind. People tell me I possess an innocent nature. I have a pleasant personality. I am also decisive and firm.

What is your philosophy of life? Treat others as you want to be treated no matter what their social status is.

What qualities and characteristics would you hope the recipient parents possess? Love, honesty, loyalty, faithfulness, self-control and morals.

How does it make you feel at the possibility of their offspring knowing about the donation? I'm fine with it.

How would you describe your childhood? My childhood was fun. Since I was the only child, my cousins were like my brothers and sisters. I spent a lot of time with my mother's brothers, sisters and their children.

What is the earliest memory you hold as a child? My uncle calling me greedy because I wanted to eat what I saw others eating. I was around 4 years old.

What was it like growing up in your family? I was the only child for 15 years.

What religion did you belong to as a child? Christianity



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

My favorite thing to do was: Play video games and Barbie's. Ride my bike.

At home I was expected to: Wash dishes and clean my room

My parents were strict about: Morality

My parents taught me to value: Myself and others

What I loved most about my father was: His laughter and comedic personality and his NY accent

What I loved most about my mother was: Her strength

My favorite relatives were: Cousins, aunts and uncles

I loved to visit: Africa, Tema, Ghana @ Age 12

In comparison to others I was: Considered unique; I was also considered a leader and not a follower

### **Your Teenage Years:**

Describe yourself as a teenager: I was confident as a teen. My friends and peers respected me because I had an insatiable appetite for life. I was always positive.

Describe your achievements: Basketball, honor roll, dean's list, a part of the Black Student Union, performed pantomimes at graduations and school activities. I planned a recital which took 2-3 months.

Did you do poorly at anything? No, I always strived to do and be the best.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? None

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to achieve helping, loving, caring people to be in charge of a life that will mirror a life of love. This achievement in my opinion is considered a gift of life.

What message would you like passed on to the recipient of your eggs/their offspring? Never take your loved ones for granted. Each day is a new day to show them how much you appreciate them.

What helped you decide to become an egg donor? My friend was an egg donor and listening to her made me realize how I can help someone's dreams come true.

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? Yes, 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 want to own my own business and travel overseas. I would like to own real estate throughout the country. No, I have yet to achieve these goals.

What do you see yourself doing in the next 5-10 years? Owning real estate.

What would you like your recipient couple to know about you that has not already been asked? My last name is Native-American

What is your favorite color? Turquoise

Favorite type of food? Seafood, Asian Food

Favorite movie? Comedy and Drama

Favorite type of music? Gospel and R & B

Favorite Book? Picket Fences by Michael Dathcer

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

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: The child conceived has his/her parents-There is no need for us to meet.

Would you be interested in possibly meeting the prospective parents? No

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

It depends if the mother was deathly ill as a result of the pregnancy or if the birth defect/anomaly was deathly and the child had no chance of survival. Other than that, I don't agree with it.

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 don't know.

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

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'm fine withit.

I'm fine with it.

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

## 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					PGF		Age 75
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							