

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

**Donor Number: 0325** (For Agency Use Only)

Today's Date: **01/28/2011**

Date of Birth: **07/03/1986**

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

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

Full Legal Name and any aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Insurance Co: **Kaiser Permanente**

Address: \_\_\_\_\_ City: **Elk Grove** State: **CA** Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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 **Cell Phone**

Are you currently listed with any other clinics or agencies? **YES** If yes, whom?

Have you signed a contract with any other clinic or agency? **YES** 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? **6-8 weeks after this current cycle is completed**

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: **Kaiser**\_\_\_\_\_

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? **January 2008**

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: 25      Height: 5'8      Weight: 130      Measurements: Bust: 34B      Hips:      Waist:

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

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

Mother's Side: German and Italian\_\_\_\_\_

Father's Side: Hispanic (Mexican)\_\_\_\_\_

Blood Type: \_\_\_\_\_ (+ or -)      Place of Birth: Merced, California\_\_\_\_\_

What celebrity do people most commonly say you look like? I don't know, I look like myself.\_\_\_\_\_

**\*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

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

## REPRODUCTIVE HISTORY

Age at first period? 13      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? 5-6\_\_\_\_

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

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

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
1.2001					X
2.2005					X
3.2006	Vag				
4.2008	Vag				
5.					
6.					

Any complications? NO\_\_\_\_\_

## DONATION HISTORY

Have you ever donated your eggs before? Yes \_\_\_\_\_ If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
10/2009	30+		unknown	
12/2009	25+		unknown	
02/2010	25+		unknown	
12/2010	30+		unknown	
Current				

Were their embryos left to cryopreserve (freeze)? **Unknown** If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? \$10,000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$8000

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

During travel assignments, will you: ( ) Drive yourself to the airport and require parking reimbursement  
( ) Take a taxi or shuttle and require reimbursement  
( X ) 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? **NO** If so please list type and date:

1. \_\_\_\_\_

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 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? 2-3

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** If yes, for how long? 12 months

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:

**\*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: \_\_\_\_\_)  
**Currently in College pursuing a degree in: Child Psych.**  
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: College Year

1. **American River College: 2009-Present**

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

3. \_\_\_\_\_

What was your favorite subject in school? **ENGLISH** You're least favorite? **HISTORY** \_\_\_\_\_

Dean's List or Honor Roll? **NO**

As an adult I am most proud of: **BEING A SINGLE MOM, AND GETTING MYSELF THROUGH COLLEGE.**

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: ENGLISH \_\_\_\_\_

Read: ENGLISH \_\_\_\_\_

Write: ENGLISH \_\_\_\_\_

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

Physical activities include: GYM \_\_\_\_\_

Have you excelled in any physical activities? SOCCER \_\_\_\_\_

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: **HEALTHY** \_\_\_\_\_

Other skills or talents? **PHOTOGRAPHY** \_\_\_\_\_

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

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	BLONDE	BLUE	5'9 145	LIGHT	44		
Father	BLACK	BRWN	6'2 200	MED	45		
Brother: 1.	BROWN	BRWN	6'1 165	LIGHT	22		
2.							
3.							
Sister: 1.							
2.							
Maternal Grandmother	BROWN	BLUE	5'2 125	LIGHT	64		
Maternal Grandfather	BLACK	BLUE	6'5 225	LIGHT	68		
Paternal Grandmother	BLACK	BRWN	5'10 140	MED	66		
Paternal Grandfather	BLACK	BLUE	6'2 200	LIGHT	67		
Children: (If Any) 1.	BRWN	BRWN	3'5 39	MED	4		
2.	BRWN	BLUE	3'0 32	MED	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? YES\_\_\_\_\_ If yes, how many sets? 2\_\_\_\_\_



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: Unsure**

Cystic Fibrosis (Caucasian) \_\_\_\_\_

Sickle Cell (African American) \_\_\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_

Tay-Sach's (Jewish) \_\_\_\_\_

Fragile X \_\_\_\_\_

Spinal Muscular Atrophy \_\_\_\_\_

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

How would you describe your personality and temperament?

**When it comes to others, I know that I have a very nurturing temperament. I've always been very aware and understanding of other people's feelings, and consider myself very social and affectionate towards those that I love and care for.**

What is your philosophy of life?

**Always treat others the way in which you wish to be treated yourself, because while you can always make it to the top alone, being at the top alone is lonely.**

What qualities and characteristics would you hope the recipient parents possess?

**I've always admired people that can put others before themselves, and be happy about it. Honesty and respect are also important; those are my two favorite qualities in any human being.**

How does it make you feel at the possibility of their offspring knowing about the donation?

**Good. I think every person has the right to know where they came from.**

How would you describe your childhood?

**Happy and busy! We played a lot of sports and always had to stay on top of our school work.**

What is the earliest memory you hold as a child?

**Truthfully, it is being at my great-grandfathers funeral. I was three years old and can remember sitting in the back of the church playing with my brother as he sat in his stroller. I remember all of the people as they walked up the aisle to pay their respects. I remember the flowers being blue and white. I remember the American flag and army guys standing at attention. But more than anything, I can vividly see the image of great-grandma falling to her knees crying and sobbing as she touched his coffin.**

What was it like growing up in your family?

**Both of my parents were very active. So growing up our family was always busy. We rode dirt bikes, played soccer and softball, went camping and took a million road trips.**

What religion did you belong to as a child?

**My dad's family is Catholic, and my mom's family is Christian. I have an uncle that's a Baptist Minister and a great aunt that is a nun. Religion has always been important to our family, but I don't consider myself to be a part of any one denomination.**

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

My favorite thing to do was: **spend the weekend at my Grandma's house.**

At home I was expected to: **do my chores and finish my homework before playtime.**

My parents were strict about: **curfew.**

My parents taught me to value: **my family.**

What I loved most about my father was: **when he played with us after work and showed us how to do something.**

**Growing up I thought he really was superman.**

What I loved most about my mother was: **everything. Her meals, the way she read to us, how she could make me feel better, her perfume, her laugh.**

My favorite relatives were: **my maternal grandparents.**

I loved to visit: **my great-grandmother. She lived in Texas and we got to take a plane to her house every summer.**

In comparison to others I was: **shy and smart.**

### **Your Teenage Years:**

Describe yourself as a teenager:

**Definitely ambitious and determined; I always wanted to play sports, but I knew the only way I could stay in sports was to do well in school. I had a lot of friends and enjoyed that time of my life.**

Describe your achievements:

**I excelled at playing soccer, and made team captain 3 years in a row.**

Did you do poorly at anything?

**I was never very good at public speaking.**

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?

**It's something that I have truly enjoyed doing up to this point. This will be my sixth and last cycle, and I hope that I can really help someone achieve their dreams of parenthood.**

What message would you like passed on to the recipient of your eggs/their offspring?

**Good luck, and never give up!! What's meant to be, will be.**

What helped you decide to become an egg donor?

**A close family friend struggled with infertility back in 2007. She and her husband decided to go through a local fertility clinic to try egg donation. After a few months, it worked for them and they now have beautiful twins. As a mom myself, it was amazing to me to see how excited they were and how much the boys are really theirs, despite everything they went through. All of that inspired me to look into it.**

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?

**I believe in something greater than us; whether that is God or not, I don't know.**

Do you have any ethical, moral or religious reservations about being an egg donor?

**None.**

What are your personal goals? Have you achieved any of these goals?

**I want to finish getting my BA in Psychology, and then specialize in children. Right now, I am a single mother of two, enrolled full time in school, and proud to say that, yes, I am still working hard to finish that goal!**

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

**Establishing myself into a career, purchasing my own home and getting my kids through school.**

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

**I enjoy photography very much, and have always loved to write.**

What is your favorite color? Purple

Favorite type of food? Italian

Favorite movie? The Notebook

Favorite type of music? Country

Favorite Book? Little Bee, Chris Cleave

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

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

Please elaborate: **I am willing to meet any child, as long as their parents and family are on board.**

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

**Yes and Yes.**

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

**I wouldn't do that myself, but there are different circumstances for everyone. So I believe that the couple can decide to do what they want to do with their embryos.**

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?

**That's fine, and Yes I would.**

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?

**Again, it's up to the family I donate to.**

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'd rather not know, so that is fine.**

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

**Whatever method is going to work for them, works for me!**

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

**Best of luck!**

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							
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
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.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
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							

\*Everyone in my immediate family has no health problems, and both sets of grandparents are still in good health. My great maternal gma is 88 and my great paternal gpa is 101. The only issues with anyone of them outside of age would be my maternal grandfathers hip replacement last summer and my paternal grandmothers valve replacement in January. No cousins or aunts/uncles have health issues either.

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**

---

Have you ever been diagnosed with hepatitis?      **Yes**      **No**

---

Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?      **Yes**      **No**

---

Have you ever been diagnosed with or suspected to have West Nile Virus?      **Yes**      **No**      **if so, when?**

---

Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?      **Yes**      **No**      **if so, when?**

---

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?**

---

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?      **Yes**      **No**

---

Do you have a history of changes in cognition, speech or gait?      **Yes**      **No**

---

Have you ever received a blood transfusion?      **Yes**      **No**      **if so, where?**

---

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**



(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	<u>No</u>	
From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	Yes	<u>No</u>	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	<u>No</u>	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	<u>No</u>	
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	<u>No</u>	
Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	<u>No</u>	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	<u>No</u>	if so, who?
Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	<u>No</u>	
Have you ever received a human organ, tissue transplant or human extract?	Yes	<u>No</u>	

(Cont'd)

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b><u>No</u></b>	<b>if so, why?</b>
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b><u>No</u></b>	
<hr/>			
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><u>No</u></b>	
<hr/>			
Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b><u>No</u></b>	
<hr/>			

## 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: 01/30/2011\_\_\_\_\_

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: 01/30/2011\_\_\_\_\_

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

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