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720-733-0184
Toll Free 1-877-745-3447
info@donatedeggs.com

Donor Number: 0102 (For Agency Use Only)

Today's Date: July 11, 2008

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

Name: _____

Date of Birth: 7/21/1985

Social Security #: _____

Insurance Co: _____

Address: _____ City: Peoria State: AZ 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? _____ 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? January 2009

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: 24 Height: 5'9" Weight: 150 **Measurements:** Bust 36B Hips 30 Waist Size 8-10

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

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

Mother's Side: English

Father's Side: German, Scottish and Irish

Blood Type: O (+ or -) Place of Birth: Phoenix, AZ

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

Please circle 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 13 to 15 years of age

Other: *List _____
 *Reason/Cause _____

REPRODUCTIVE HISTORY

Age at first period? 12-13 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28 Days How long do they last? 5 days

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

Method of birth control? Yasmin 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? _____

MEDICAL HISTORY

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

1. Tonsils out-2nd Grade
2. Wisdom Teeth out-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? 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? 10-12

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: Certain plants, dust, cats

Describe any childhood allergies that you have outgrown: _____

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: Lupron 10 units, Allegra

***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? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
7/2008	11	6	No-Transferred 2	as dr. kaplan explained, the surrogate and I just weren't compatible. the couple had me undergo fertility testing and the results were exactly what you would expect for someone my age, so there was no problem on my end.

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 2

What is the compensation you are asking for your donation? \$6500-\$7000 (1st time donors \$5,000)

What is the least amount you would consider? \$6000-\$6500

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? No

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes-5 years
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: 3.5)

Currently in College pursuing a degree in: _____

Completed College with degree in: AA in Education and working on degree in communications

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:

College

Year

1. Glendale CC

2005-2007

2. Rio Salado CC

2006-2007

3. ASU West

2005-2007

What was your favorite subject in school? English, History & Religion You're least favorite? Math

Dean's List or Honor Roll? Yes

As an adult I am most proud of: My relationship. I have an amazing life & my family and friends are the biggest reason why!

Currently I have a career in: Looking for a career! That's a full time job in itself!

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

*I have flexibility in my current profession: Yes No

Languages: Speak: Spanish

Read: Spanish

Write: Spanish

I consider myself: Athletic Active Average Inactive

Physical activities include: Hiking, Elliptical and jogging.

Have you excelled in any physical activities? _____

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy & Balanced

Other skills or talents? Piano and cooking

Do you show artistic or musical ability? Yes If yes please explain: Excellent Interior Decorator

***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	Blonde	Hazel	5'5" 150	Medium	62		
Father	Brown	Blue	5'11" 140	Fair	65		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Blue	5'3" 140	Med	84		
Maternal Grandfather	Unknown						
Paternal Grandmother	Brown	Blue	5'5" 130- 140	Fair		91	Age/ Possible Alzheimer's (no autopsy performed to determine definitive cause)
Paternal Grandfather	Brown	Blue	5'11" 140	Fair		85	Colon Cancer
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? 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? Yes. If yes, please explain in detail: M-Uncle cleft lip/palate-corrected and not noticeable.

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? I am friendly, warm quick witted and relaxed. I am very tolerant of others and open to whatever life may throw at me!

What is your philosophy of life? Life is too beautiful to let it pass by. Enjoy every minute of it!

What qualities and characteristics would you hope the recipient parents possess? Loving, considerate and selfless. I hope that they will make their child #1.

How does it make you feel at the possibility of their offspring knowing about the donation? For me, that would be ideal.

How would you describe your childhood? Wonderful. My parents were amazing and always made sure I knew how much they loved me. Nothing has changed either!

What is the earliest memory you hold as a child? Fishing with my grandpa in Snow low, AZ. He was always very patient with me!

What was it like growing up in your family? We have always been very close knit. My family is very "normal". My parents, extended family and myself have always spent holidays and summers together and it's never enough time together.

What religion did you belong to as a child? None. My parents always made sure I was informed so I could make my own choices.

When I Was A Child:

My favorite thing to do was: I loved bugs and Barbie's! That pretty much sums it up!

At home I was expected to: Pick up after myself and respect my surroundings.

My parents were strict about: Being respectful and polite to property, people and animals.

My parents taught me to value: Family, especially ours. I'm very lucky to have the family I do!

What I loved most about my father was: He always made time for just the 2 of us to spend together.

What I loved most about my mother was: She was always teaching me something and coming up with new things for us to do.

My favorite relatives were: My grandpa, cousin Jennifer and Aunt Jo

I loved to visit: My grandparent's cabin.

In comparison to others I was: More mature than my peers. I think I still am.

Your Teenage Years:

Describe yourself as a teenager: Mature, emotional, social, chatty, well adjusted, and honest.

Describe your achievements: I have always been terrible at math, but cracked down in high school I got A's & B's in all my math classes and was on the honor roll every semester.

Did you do poorly at anything? At the time I was insecure and never thought anything I was doing was good enough! But now, I realize my efforts and achievements were more than adequate.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I did have some issues with acne but it was typical of my age group and not severe.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): It is an amazing feeling to be able to do something that changes someone's life in such a positive way. It gives me a great sense of accomplishment to know that I've made such a difference.

What message would you like passed on to the recipient of your eggs/their offspring? Congratulations! I wish you nothing but good things!

What helped you decide to become an egg donor? A close friend of mine donated recently. Everything she felt about the experience, I felt during my first donation. When someone truly enjoys something, it pulls you in.

Do you consider yourself a reliable person? Very much so.

Do you consider yourself a punctual person? Absolutely

Would you describe yourself as a religious or spiritual person? Spiritual. All religions & belief systems have amazing things to offer. I have taken something from all of them.

Do you have any ethical, moral or religious reservations about being an egg donor? Not at all

What are your personal goals? Have you achieved any of these goals? To live a good life and be surrounded by good people. I don't have any negative people in my "inner circle". I am very happy and feel that I'm right on track with my goal.

What do you see yourself doing in the next 5-10 years? Pursuing a career in public relations and continuing to live life in a positive way.

What would you like your recipient couple to know about you that has not already been asked? I am very motivated and education is very important to me. I cannot wait to finish school and begin a career that I have both worked for and earned.

What is your favorite color? Pink and turquoise

Favorite type of food? Sushi

Favorite movie? Across the Universe

Favorite type of music? Everything!

Favorite Book? She's come undone & The Great Gatsby

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I want to donate to good people with good hearts. That is all that matters to me.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I'm open to anything if the IPs are comfortable with it.

Would you be interested in possibly meeting the prospective parents? That would be wonderful. That's why my first donation was such a good experience.

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

It is completely the parent's decision.

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 is fine-I will permit that donation.

That is fine-I will permit that

Not entirely comfortable.

Absolutely! My first couple used a surrogate and we have become very close!

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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			X				Recovered Fully
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	X						In 6 th grade
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		PGF died from it at 85
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
NEUROLOGICAL							
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					X		PGM-Died at 91
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			X				Born blind in R eye
E. color blindness			X				Born Colorblind
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne							
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					x	X	M aunt @ 50's-Remission for 10+ years
D. any other cancer not mentioned above							MGM @ 83-lumpectomy performed.
E. any other condition not mentioned above							