

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

Donor Number: 0339 (For Agency Use Only)

Today's Date: **12/20/2011**

Date of Birth: **08/16/1980**

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

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

Full Legal Name and any aliases:

Social Security #: Insurance Co:

Address: City: **ASHEVILLE** State: **NC** Zip:

Home Phone: Work Phone:

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

Are email communications permissible? If so, what is your E-mail Address: **Yes**
I check my email: all day **X** once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes **X** 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 **Spouse** Ph:

Who may we contact in case your demographics change?

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

Are you a U.S. Citizen? Yes **X** No

Do you have medical insurance? Yes **X** No

If so, provide name of your health plan and identification number: **BCBSIL UPA837745085**

Are you willing to travel for an egg donation? Yes No **Possibly if I can travel in a way in which I won't have to take off more than one day of work, such as leaving a Sunday evening for a Mon appt or leaving a weeknight after I've been able to work that day for the next day appointment. Of course I understand the actual egg retrieval will require a longer stay and that will not be a problem.**

Do you have any lawsuits or other legal claims pending against you? Yes No **X**

Have you ever filed bankruptcy? Yes **X** No If so, when? **March of 2010 shortly after my husband lost his job.**

Have you ever been convicted of a crime? Yes No **X** If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:

PHYSICAL CHARACTERISTICS

Age: **31** Height: **5'4** Weight: **about 175ish; just gave birth in June 2011 and slowly losing the weight; My normal weight (before the last 2 pregnancies that were only 8 months apart is 135-145)**
Measurements: Bust **38** Hips **44** Waist **41**

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

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

Mother's Side: **Unsure; possibly German background.**

Father's Side: **Iranian**

Blood Type: **B+** (+ or -)

Place of Birth: **McCleod Hospital in Florence, SC**

What celebrity do people most commonly say you look like? **Catherine Zeta Jones & I've recently been told Kourtney Kardashian**

***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 15	
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 14 to 16 years of age						

REPRODUCTIVE HISTORY

Age at first period? **12 I think** Are your cycle's regular? **Yes**

How long are your cycles from day one to the next day one? **27-30** How long do they last? **5-7 days**

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

Method of birth control? **None** If none, in the past? **Birth Control Pills**

Have you ever been pregnant? **Yes** If yes, did you have trouble conceiving? **Only in the first year of trying and coming off of BCPs. After that I carried successfully and had no problems conceiving again.**

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		Chemical pregnancy			
2.2002		Miscarriage at about 4 weeks.			
3.2003	Boy/Vaginal				
4.2005	Boy/Vaginal				
5.2010	Boy/Vaginal/Surrogacy				
6.2011	Girl/Vaginal/Surrogacy				

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? **\$5000.00** (1st time donors \$5,000)

What is the least amount you would consider? **\$5000.00**

Will you require missed wages from work? **Yes**

If yes, what is your hourly wage? **\$11.50** How many hours per week do you work? **45**

Will you require childcare reimbursement? **No** If yes, what is the hourly rate? _____ X _____ kids

During travel assignments, will you: **(X) Drive yourself to the airport and require parking reimbursement**
() Take a taxi or shuttle and require reimbursement
() 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? If so please list type and date:

1. **1997; Wisdom Teeth Extraction**

2. **June 2011; Bilateral Tubal Ligation**

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

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? **June 11, 2011** If yes, please explain: **Giving birth for 2nd surrogacy**

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? **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: _____

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? **15 years**

If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease (trichomoniasis, 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: **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 _____
Jr. High School _____
Sr. High School (GPA: _____)
Currently in College pursuing a degree in: _____
Completed College with degree in: Diploma in Nursing
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: **Do not recall** ACT's: **Do not recall** College GPA: **2.6**

Please list names and year of all colleges attended: College Year

1. **A-B Tech Community College** **1998-2000**

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

Dean's List or Honor Roll? **A-B Honor Roll numerous times**

As an adult I am most proud of: **My ability and desire to help others in many ways, from working at a Christian camp with my family to the surrogacies.**

Currently I have a career in: **Management**

I have been in this profession for **3 years** 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: **Up until the last few years, I was very active from an avid road cyclist to zumba & even lifting weights. Unfortunately, these last few years have been difficult for me to keep up my activities due to my hard working job, pregnancies and unfortunately my lack of motivation due to both. I currently walk, do some yoga and dance cardio tapes, but not often enough.**

Have you excelled in any physical activities? **I was an avid road cyclist and did very well riding 62 miles in one day at times.**

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: **Average; It can definitely be poor at times while really good at other times.**

Other skills or talents? **I'm very musical, primarily with my voice. Growing up I played a little piano and I played clarinet for 6 years in school. I also play guitar a little. However, I love to sing and sing very often at church.**

Do you show artistic or musical ability? **Music** If yes please explain: **I am not very artistic, but sing very well. See above statement for more info.**

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Blond	Hazel	5'7	Fair	52		
Father	Black	Dark brown	5'7	Dark	56		
Brother: 1.							
Sister: 1.	Brown	Brown	5'3	Medium	33		
2.	Brown	Brown	5'4	Light-Medium	28		
Maternal Grandmother	Black	Hazel	5'5	Fair		72	Liver Sirrrosis
Maternal Grandfather							Unsure-he was killed in a car accident when my mother was very young
Paternal Grandmother	Black	Brown	5'6	Dark	75		
Paternal Grandfather	Black	Brown	5'5	Dark		82	Heart attack
Children: (If Any) 1.	Dark Brown	Brown	4'2	Dark	8		
2.	Light Brown	Brown	3'8	Olive	6		

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? Possibly If yes, please identify all such diseases and explain in as much detail as possible: My paternal grandfather had a heart attack or two and my dad has high blood pressure & high cholesterol. I do not know if that's genetic or due to his weight and diet. My father also has recently been diagnosed with the mildest case of diabetes. This is not something I've heard of anyone else in our family having so I can only think maybe this is related to his weight and diet, but because his family lives in Iran and he lost two of his brothers when they were in their 20's and 30's I can't be sure if that is genetic or not.

Has anyone in your family been born with a birth defect? Yes If yes, please explain in detail: I have a 2nd cousin who was born with Down's Syndrome, however I believe they were of advanced age during pregnancy.

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

Have you ever been tested for:

Cystic Fibrosis (Caucasian) No
Sickle Cell (African American) No
Thalassemia (Greek/Italian) No
Tay-Sach's (Jewish) No
Fragile X No
Spinal Muscular Atrophy No

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

How would you describe your personality and temperament? I am a very laid back, easy going person. I do not anger easily and I am very calm. I am considered sweet, caring and kind and have a sense of humor. I am not offended easily. When I do get angry, I am the type of person who'll (if angered enough) slam a door or cabinet, stomp around as a child and even throw something.

What is your philosophy of life? Life is about living life with others, working together and helping each other out when we can. I believe that love is the best action anyone can take. I do believe in justice and consequences and encourage those things as they are very necessary. Life is full of trials and errors and we need to be forgiving to each other.

What qualities and characteristics would you hope the recipient parents possess? I would like to see that the parents are very loving and caring and that their desire is to always do what's best for their family, even if they make a wrong decision (as we all do) as long as they put their family first.

How does it make you feel at the possibility of their offspring knowing about the donation? It does not bother me. I'm fine with whatever the parents choose to tell their children.

How would you describe your childhood? Lots of fun. I grew up with two sisters and had many friends (girls and boys) and we were very active whether it was playing dolls with my sisters or baseball with the neighbors. We were encouraged to get out and be kids and it was great.

What is the earliest memory you hold as a child? It's hard to pin point my earliest memory but I do recall my mother playing the piano many a night after we went to bed and my sisters and I would always get up out of bed to go dance while she played

What was it like growing up in your family? Wonderful. I had (still have of course) two very loving and caring parents who would do anything for us. My mother was very nurturing and my dad was a good enforcer. We were very disciplined and taught strongly right from wrong but no matter what we did or how we were disciplined, my parents always ended our discipline/punishment in love

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Play with my sisters

At home I was expected to: always do what I was told to do

My parents were strict about: Doing what we were told, school, proper use of language, manners, etc.

My parents taught me to value: My relationship with God, Family, & friends

What I loved most about my father was: His love for us-it was very evident and he always wanted to see us having fun and made things fun for us

What I loved most about my mother was: Her sweet spirit and beautiful heart.

My favorite relatives were: My sisters, cousins and Grandparents

I loved to visit: My Grandparents

In comparison to others I was: very shy & quiet and a follower

Your Teenage Years:

Describe yourself as a teenager: I was a good girl with good morals who made some bad decisions but learned quickly from them. I was very responsible, wanted a job early so I could pay for things myself and even paid for my own car by my own choice when I didn't have to. I went to church because I wanted to and had lots of friends but only a few really close ones that I could always trust. I remained quiet and shy as a teen, but came out of my shell more during those years and after.

Describe your achievements: I was never a scholar or excelled at anything, but not because I couldn't. I didn't have big aspirations and really didn't know what I wanted out of life at the time except to enjoy life so I didn't try to excel at much. I played clarinet for 6 years and was in the marching band for 3 years. I took Allied Health classes during school and got my certificate as a C.N.A. I got my first job when I was 14, almost 15, in which I stayed at for about 3 years while being promoted into management early on.

Did you do poorly at anything? I did try out for a few sports just to try my hand at them, but found very quickly that team sports was not my forte. I didn't do too well in most sciences or history classes.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Overall no. I was shy and quiet, but I still had quite a few friends. I dealt with some acne, but not much. I think I had one year where I had to put some medicine on my face for small breakouts but nothing overboard.

What do you hope to achieve by volunteering in an egg donor program? I have successfully carried as a surrogate twice in which one of those were with an egg donor. I would just like to know that I was able to help in every way possible, or at least tried, before I am unable to.

What message would you like passed on to the recipient of your eggs/their offspring? I will be very honored to be chosen as your egg donor and proud that I was able to help. Even if I am unsuccessful, I will still be very proud that I tried. It is my desire to use what God has blessed me with to help others.

What helped you decide to become an egg donor? I looked into egg donation before deciding on surrogacy and ended up going with surrogacy first. I was planning to look into egg donation after that surrogacy, however I was approached about the 2nd surrogacy before I even got that far. So, after delivering this past June and being on the tail end of my age for donation, I wanted to at least try before it was too late.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes; I prefer to be early if possible.

Would you describe yourself as a religious or spiritual person? Yes

Do you have any ethical, moral or religious reservations about being an egg donor? I have put much thought and prayer into this (just as I did with the surrogacies) and any reservations I had are no longer there.

What are your personal goals? Have you achieved any of these goals? I have discovered that my life is very spontaneous and I like it that way. I never had a goal of surrogacy early on, but when it was introduced to me and I had the backing of my husband, then I made that goal and yes, I've achieved it! My main goal is to take care of my family and then always follow my heart and do what I can to help others while putting my family first and including my family in these things. So far, I have been successful in achieving this and my goal is to continue to achieve it.

What do you see yourself doing in the next 5-10 years? I am not sure. I partially think I may be another surrogate, yet I'm not sure on that one. I'd like to become a labor doula &/or a childbirth educator but most importantly I just want to be doing what's right for me and my family.

What would you like your recipient couple to know about you that has not already been asked? **Nothing that I can think of**

What is your favorite color? **I don't have a favorite; I like different colors on different things.**

Favorite type of food? **I really don't have a favorite food; I love all kinds of foods and am not extremely picky.**

Favorite movie? **I love musicals and Grease has always been a favorite movie. I also love the Sex and the City movies as well b/c of the female friendship. I also love fantasy movies, like Harry Potter, Lord of the Rings and Narnia. I really can't pinpoint a favorite.**

Favorite type of music? **I love 80's music and indie music.**

Favorite Book? **I'm not much of a reader but loved "The Shack" and the "Twilight" books**

Would you be willing to donate to gay or single prospective parents? **No** Please specify: **While I have nothing against either type of parent, my desire is to help a traditional family.**

Would you be willing to meet a child conceived as the result of your donation? **Yes** Please elaborate: **While I do not require this and am fine either way, if the parent chose this then I would not be opposed. I think it would be neat to see the child(ren) that I was able to help create.**

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

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

I do not agree with selective reduction or aborting a fetus for a birth defect unless it is proven that the child cannot live outside the womb. I believe one should be responsible and put in no more than two embryos to lessen the chances of a high number of multiples.

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, this would be fine. I would not want them to go to waste

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?

I would prefer they not be discarded or donated to research.

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

Some things are better left unknown so I'd be fine without knowing.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor? **I have no problem with that whatsoever.**

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

This image shows a single sheet of white paper with horizontal blue 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.

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					X		Paternal Grandfather
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure			X		X		Father & Paternal Grandfather
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			X				It's the mildest form and they just found it. I think this is due to lifestyle
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							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
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							
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							
E. color blindness							
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						X	1 distant uncle on my mother's side
C. breast cancer					X		Grandmother but a mastectomy and radiation got rid of it
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?	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 **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 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?	Yes	No	if so, why?
---	------------	-----------	--------------------

Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
---	------------	-----------

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?	Yes	No
--	------------	-----------

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

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: _____