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

Donor Number: 0171 (For Agency Use Only)

Today's Date: 10/03/2008

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

Name: _____ Date of Birth: 03/04/1988

Social Security #: _____ Insurance Co: _____

Address: _____ City: Thornton State: CO 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? Yes If yes, please explain in detail:

Did not meet their age requirement

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? No 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: 23 Height: 5'4" Weight: 103 lbs Measurements: Bust 32 Hips 31 Waist 25

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

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

Mother's Side: Caucasian/Hispanic

Father's Side: Caucasian

Blood Type: ? (+ or -)

Place of Birth: Scottsbluff, NE

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

Please circle appropriate response:

Body Type/Bone Structure: small medium large

Hands: right-handed left-handed ambidextrous

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

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

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

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

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

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

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 <u>15</u> to <u>17</u> years of age				
Other:	*List _____				
	*Reason/Cause _____				

Age at first period? 16 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 21-25 How long do they last? 5 days

Do you experience cramps? None Mild Average Severe

Method of birth control? None If none, in the past? No

Have you ever been pregnant? No 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

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

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: I had allergies to dust and dander

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? \$5000 plus expenses (1st time donors \$5,000)

What is the least amount you would consider? \$5000

Will you require missed wages from work? No

If yes, what is your hourly wage? _____ How many hours per week do you work? 35

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? _____

Are you currently sexually active? _____ 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: 3.0)
Currently in College pursuing a degree in: Science
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 22 College GPA: _____

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Front Range</u>	<u>2008-Present</u>
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My achievements at a young age

Currently I have a career in: Management

I have been in this profession for 2 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: Soccer and basketball

Have you excelled in any physical activities? Soccer and basketball

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? I am a strong visual learner

Do you show artistic or musical ability? Yes If yes please explain: I enjoy playing the guitar

***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	Brown	Brown	5'1" 112	Med	37		
Father	Brown	Green	6'1" 160	Fair	39		
Brother: 1.	Brown	Green	5'9" 145	Fair	17		
2.	Brown	Brown	4'3" 38	Med	5		
3.							
4.							
Sister: 1.	Blonde	Brown	4'3" 38	Fair	8		
2.	Red	Blue	4'6" 35	Fair	6		
3.							
4.							
Maternal Grandmother	Never met						Passed away 29 years ago. Cause of death unknown
Maternal Grandfather	Brown	Brown	5'5" 160	Dark	54		
Paternal Grandmother	Brown	Green	5'3" 175	Fair	62		
Paternal Grandfather	Never met						
Children: (If Any)							
1.							
2.							
3.							
4.							

I do not have information regarding my maternal grandmother and paternal grandfather because I never met them. My paternal grandmother does not have any information regarding my paternal grandfather. As for my maternal grandmother she did in fact pass away 29 years ago, my mother does not have the date or cause of death.

Are you adopted? No If yes, do you have access to your biological health history? _____
Twins or multiple births in the family? No If yes, how many sets? _____

Are there any known genetic diseases that run in your family? No If yes, please identify all such diseases and explain in as much detail as possible:

Has anyone in your family been born with a birth defect? No If yes, please explain in detail: _____

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

Have you ever been tested for: NO

Cystic Fibrosis (Caucasian) _____

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? I am a very laid back person who hates confrontation and have complete control over my emotions.

What is your philosophy of life? I feel that you live life once so live it for yourself and don't regret anything.

What qualities and characteristics would you hope the recipient parents possess? I hope they are intelligent and have a great attitude towards life.

How does it make you feel at the possibility of their offspring knowing about the donation? I feel that is up to the parents to advise the children, I have no negative feelings towards it.

How would you describe your childhood? My childhood was full of sports and homework!

What is the earliest memory you hold as a child? I remember when I was 5 years old that I got upset with my father because of the clothes he made me wear on picture day.

What was it like growing up in your family? I was sometimes confused because my parents were divorced and we had to spend 50/50 with each parent.

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Sports

At home I was expected to: Chores

My parents were strict about: Grades

My parents taught me to value: Trust

What I loved most about my father was: He was always there

What I loved most about my mother was: She always listened

My favorite relatives were: My grandmother

I loved to visit: Nebraska

In comparison to others I was: Very athletic

Your Teenage Years:

Describe yourself as a teenager: I was really into sports and homework. I had straight A's.

Describe your achievements: I graduated high school and moved on to college. I have also become an office manager at a very young age.

Did you do poorly at anything? I was usually very good at whatever I did.

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

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to give a couple the opportunity to experience the joy of children.

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

What helped you decide to become an egg donor? I wanted to make a difference

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 do not attend church but do have religious beliefs.

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 plan to become a scientist for the government. I am currently pursuing my goals.

What do you see yourself doing in the next 5-10 years? I plan on having my own family and having the career I have been working towards.

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

What is your favorite color? Blue

Favorite type of food? Mexican

Favorite movie? I am Legend

Favorite type of music? Country

Favorite Book? Lovely Bones

Would you be willing to donate to gay or single prospective parents? Yes Please specify: You cannot help who you fall in love with.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: At the discretion of the parents.

Would you be interested in possibly meeting the prospective parents? If the parents want to meet me, I am more than willing.

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

It would depend on the defect and the situation. My thoughts would vary depending on the circumstances.

How do you feel about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation?

Yes, I would.

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?

Yes, I would.

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 would not have a problem with that.

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

I would not have a problem with that.

Is there a message you would like to leave for your prospective parents? Nothing as of yet...

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							
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
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							
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							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

NOTHING APPLIES TO MY FAMILY***