

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

Donor Number: 0242 (For Agency Use Only)

Today's Date: **12/8/08**

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

Name: _____ Date of Birth: **11/16/1980**

Social Security #: _____ Insurance Co: Golden **Rule a United Healthcare Company**

Address: _____ City: **Fruita** 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? **Yes** _____ 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? **Immediately**

Who may we contact in case of an emergency? _____

Who may we contact in case your demographics change? _____

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: **30** Height: **5'4"** Weight: **155** Measurements: Bust **38** Hips 40 Waist 32

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) **Caucasian, Hispanic, Native American, French, German**

Mother's Side: **Caucasian, Native American, German, Irish, French**

Father's Side: **Spanish, French, Mexican**

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

Place of Birth: **Houston, TX**

What celebrity do people most commonly say you look like? **Catherine Zeta Jones, Drew Berrymore**

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

Other Facial

Other: *List _____
 *Reason/Cause _____

Any complications? **No**

MEDICAL HISTORY

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

1. **Breast Augmentation 2006**

2. _____

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

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? **No** If yes, please explain: _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? **No**

Have you received a bite from an animal suspect for rabies within the last 6 months? **No**

Have you ever had a reaction to anesthesia? **No** If yes, please explain reaction in detail: _____

*Do you smoke cigarettes? **No** Packs per day? _____ # of years _____ # of years quit **2**

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? **2** month? _____

Do you have any allergies to drugs or environmental exposures? **No** Pls. explain: _____

Describe any childhood allergies that you have outgrown: **N/A**

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:

***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? **In Cycle** If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
4/2010	Pending			

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

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

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

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? **Yes** If yes, what is the hourly rate? **5.00 X 2 kids**

Have you been sexually active in the past 6 months? **No**

Are you currently sexually active? **No** If yes, is it a monogamous relationship and for how long? _____
If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease? **No** If yes, when and what was your treatment regimen? _____

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? **No** If yes, please explain treatment _____

Please mark any that apply to you within the last 12 months:

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☐ Piercing or tattoos
- ☒ None of the Above

EDUCATION

Highest Level of Education Completed: Grade School _____

Jr. High School _____

Sr. High School (GPA: 3.9)

Currently in College pursuing a degree in: **Bachelors of Science in Nursing**

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: **Trying to Obtain**

ACT's: **Trying to Obtain**

College GPA: **4.0**

Please list names and year of all colleges attended:

College

Year

1. **Mesa State College**

Present

2. _____

3. _____

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

Dean's List or Honor Roll? **Honor Roll**

As an adult I am most proud of: **My Independence**

Currently I have a career in: **Running an Oilfield Supply Company**

I have been in this profession for **5 years** days/mos/years

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

Languages: Speak: _____ **Some Spanish** _____

Read: _____ **Some Spanish** _____

Write: _____ **Some Spanish** _____

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

Physical activities include: **Aerobics, Cardio, Weights and Cycling**

Have you excelled in any physical activities? **Yes**

Manual Dexterity: ☒ **Dexterous** Average Clumsy

I would describe my diet as: **Extremely healthy, mostly natural and organic foods, mostly white meat and fish**

Other skills or talents? **Singing, Acting, Problem Management**

Do you show artistic or musical ability? **Yes** If yes please explain: **Singing and Acting**

***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	Blue	5'2" 140lbs	Fair	59		
Father	Brown	Brown	5'9"	Light Brown	53		
Brother: 1.	Light Brown	Hazel	6'0" Fit	Olive	35		
2.	Dark Brown	Blue	6'0" Average	Olive	34		
3.	Dark Brown	Hazel	5'10" Fit	Olive	32		
4.	Light Brown	Green	5'10" Fit	Olive	31		
Sister: 1.	Blonde	Blue	5'7" Average	Olive	41		
2.	Light Brown	Blue	5'3" Petite	Olive	40		
3.	Med Brown	Light Brown	5'2" Petite	Olive	36		
4.	Dark Brown	Brown	5'6" Average	Olove	25		
Maternal Grandmother	Brown	Auburn	5'4" Average	Olive	85		
Maternal Grandfather	Blonde	Blue	6'0" Fit	Fair		77	Heart Attack
Paternal Grandmother	Brown	Brown	5'2" Petite	Tan	70		
Paternal Grandfather	Black	Dark Brown	5'8"	Tan	72		
Children: (If Any) 1.	Brown	Brown		Olive	10		
2.	Brown	Brown		Olive	6		
3.							

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:

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?

How would you describe your personality and temperament? **Very outgoing, funny, spunky, friendly, loving, compassionate, determined, fun**

What is your philosophy of life? **Life is what you make it... create your own destiny.**

What qualities and characteristics would you hope the recipient parents possess? **Honestly, loyalty, compassionate, serious about having a family, kind, patient.**

How does it make you feel at the possibility of their offspring knowing about the donation? **That is a choice that is totally up to them; however I would not want to be involved. Once they become pregnant, that baby is entirely theirs to love and raise.**

How would you describe your childhood? **Full of love**

What is the earliest memory you hold as a child? **Christmas at my house with all of my brothers and sisters.**

What was it like growing up in your family? **Everyone helped out and we all shared.**

What religion did you belong to as a child? **Christian**

When I Was A Child:

My favorite thing to do was: **Sing and dance**

At home I was expected to: **Help with household chores**

My parents were strict about: **Honesty**

My parents taught me to value: **Family**

What I loved most about my father was: **His accent**

What I loved most about my mother was: **Her generosity and forgiving nature.**

My favorite relatives were: **My great uncle**

I loved to visit: **The lake and feed the ducks**

In comparison to others I was: **Always ready to give my opinion ☺**

Your Teenage Years:

Describe yourself as a teenager: **Active in theatre and with friends**

Describe your achievements: **I won several awards at speech tournaments, participated in plays.**

Did you do poorly at anything? **No**

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

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially):
I hope to help a couple by providing them with the opportunity to become parents.

What message would you like passed on to the recipient of your eggs/their offspring? **That I feel fortunate to be chosen as a part in their journey and to help them achieve their desire to be parents.**

What helped you decide to become an egg donor? **I felt it was something that I should do, considering that I have chosen not to have any more children myself, and that my eggs would not go to use. It seems to me that if I have perfectly healthy eggs, and a woman who longs for a baby cannot make them herself, it is my obligation to help.**

Do you consider yourself a reliable person? **Absolutely**

Do you consider yourself a punctual person? **Absolutely**

Would you describe yourself as a religious or spiritual person? **I consider myself a spiritual person.**

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? **To be independent, which I have become.** ____

What do you see yourself doing in the next 5-10 years? **Raising my children, and continueing in the success of my businss.**

What would you like your recipient couple to know about you that has not already been asked? **If you have any questions, feel free to ask away!**

What is your favorite color? **Red**

Favorite type of food? **Italian, Indian**

Favorite movie? **My Fair Lady or Gone With The Wind**

Favorite type of music? **Oldies**

Favorite Book? **Little Women**

Would you be willing to donate to gay or single prospective parents? **YES** Please specify: **I am very open to the idea of helping any of these, as I believe there is no magic recipe for a perfect family... that all you need is love.**

Would you be willing to meet a child conceived as the result of your donation? **No** Please elaborate: **I feel that it would be in the best interest of the child and the parents for them to identify with themselves as the family. I am just a source of good will.**

Would you be interested in possibly meeting the prospective parents? **If they would like to meet me, yes.**

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

That is entirely up to the parents. If they felt it was the option best suited for them, who am I to make a judgment on that?

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

Yes

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

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 prefer not to know.

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

I think that's great if that is their choice.

Is there a message you would like to leave for your prospective parents? **Good Luck!!**

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: **December 10, 2008**

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: **December 10, 2008**

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					X		Grandfather had
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							