

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

Donor Number: # 0267 (For Agency Use Only)

Today's Date: 9/2011

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

Name: _____ Date of Birth: 02/26/1991

Social Security #: _____ Insurance Co: _____

Address: _____ City: Denver 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? No If yes, please explain in detail:

How soon are you able to begin your donation? _____

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: 20 Height: 5'4" Weight: 130 lbs **Measurements:** Bust 35 Hips 28 Waist 35

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

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

Mother's Side: Russian, German, Scottish, Irish

Father's Side: German, Irish

Blood Type: O (+ or -)

Place of Birth: Monterey, California

What celebrity do people most commonly say you look like? Julia Roberts

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 | age | 15-16 |

| | | | | | | | |
|------------------------|-----------|------|---------|----------|----------|--|--|
| 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 | _____ to _____ | years of age | | | | |

| | | | | | | | |
|--------|---------------|-------|--|--|--|--|--|
| Other: | *List | _____ | | | | | |
| | *Reason/Cause | _____ | | | | | |

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? 28 How long do they last? 3-7 days

Do you experience cramps? None Mild Average Severe

Method of birth control? None 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. _____
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 _____

Do you now or have you ever taken recreational drugs? Yes If so, What? Tried marijuana

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: 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: N/A

***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 (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? 25

Will you require childcare reimbursement? _____ 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? 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: _____)
Currently in College pursuing a degree in: **Secondary Education**
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: 24 College GPA: Not reportable yet

Please list names and year of all colleges attended:

| <u>College</u> | <u>Year</u> |
|---------------------|------------------|
| 1. <u>San Diego</u> | <u>Fall 2009</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

What was your favorite subject in school? History/English You're least favorite? Math

Dean's List or Honor Roll? _____

As an adult I am most proud of: _____

Currently I have a career in: Full time 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: Running, Weight Lifting

Have you excelled in any physical activities? Running

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Healthy

Other skills or talents? See Below

Do you show artistic or musical ability? Yes If yes please explain: Drawing & Painting/Singing

***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 | 5'4" 175 | Fair | 50 | | |
| Father | Brown | Brown | 5'9" 200 | Fair- Med | 51 | | |
| Brother: 1. | Brown | Brown | 5'11" 175 | Fair | 18 | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Sister: 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Maternal Grandmother | Brown | Brown | 5'3" 125 | Fair- Med | 74 | | |
| Maternal Grandfather | Brown | Brown | 5'10" 180 | Fair | 74 | | |
| Paternal Grandmother | Brown | Brown | 5'3" 180 | Fair | 83 | | |
| Paternal Grandfather | Brown | Green | 5'11" | Fair | | 66 | Brain 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? No If yes, how many sets? _____

Are there any known genetic diseases that run in your family? _____ If yes, please identify all such diseases and explain in as much detail as possible: Great Grandmother diagnosed with Alzheimer's at 90 years old. She is now 97

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: Yes

Cystic Fibrosis (Caucasian) X
Sickle Cell (African American) _____
Thalassemia (Greek/Italian) _____
Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? Easy going, organized and fun ☺

What is your philosophy of life? Just Laugh

What qualities and characteristics would you hope the recipient parents possess? A sense of humor!

How does it make you feel at the possibility of their offspring knowing about the donation? That is fine. It isn't up to me. That decision is up to the parents.

How would you describe your childhood? I had a wonderful childhood. Lots of love, security and fun.

What is the earliest memory you hold as a child? Playing at the park with my little brother.

What was it like growing up in your family? My family is the best! They have been so supportive and loving along the entire journey ☺

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Play at the park/sing

At home I was expected to: Keep my room clean

My parents were strict about: Integrity

My parents taught me to value: Humor

What I loved most about my father was: Sense of humor

What I loved most about my mother was: Compassion and understanding

My favorite relatives were: Maternal Grandmother

I loved to visit: Maternal Grandmother in Las Vegas!

In comparison to others I was: More on the quiet side

Your Teenage Years:

Describe yourself as a teenager: Typical; Rebellious, wile, wayward ;)

Describe your achievements: Awards in art shows for painting and graduating high school.

Did you do poorly at anything? Math

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I had some

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I just want to help out.

What message would you like passed on to the recipient of your eggs/their offspring? Laugh with your kids-it's the greatest gift my parents gave me!

What helped you decide to become an egg donor? I know Angela (the owner) since I was a kid and see what she has done all these years.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Not really, I try!

Would you describe yourself as a religious or spiritual person? No

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? Become a High School history teacher. Working on it.

What do you see yourself doing in the next 5-10 years? Traveling, going to school, living in Europe.

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

What is your favorite color? Blue

Favorite type of food? Asian/Sushi

Favorite movie? Almost Famous

Favorite type of music? Led Zepplin

Favorite Book? Wuthering Heights-emily Bronte

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

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: After the age of 18

Would you be interested in possibly meeting the prospective parents? If they wanted to meet me.

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

Once the egg is in someone else's body, those decisions are theirs to make!

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

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?

Not Okay with this.

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

Not my decision

Is there a message you would like to leave for your prospective parents? Not at this time....

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 | | | | | X | | MGF |
| C. heart disease | | | | | X | | PGM |
| 1. from birth | | | | | | | |
| 2. lifestyle | | | | | X | | |
| 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 | | | | | X | | PGF |
| B. drug abuse, misuse or addiction | | | | | | | |
| C. breast cancer | | | | | | | |
| D. any other cancer not mentioned above | | | | | | | |
| E. any other condition not mentioned above | | | | | | | |