

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

Donor Number: # 0187 (For Agency Use Only)

Today's Date: 12/15/2010

Name: _____

Date of Birth: 9/26/1980

Social Security

Insurance Co: BCBS

Address: _____ City: Grovetown State: GA Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ May we leave a Message at (Pls. Circle): home&cell

E-mail Address:

I check my email: all day

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:

Who may we contact in case of an emergency?

Who may we contact in case your demographics change?

Are you (Pls. Circle): Married Are you a U.S. Citizen? Yes

Do you have medical insurance? Yes Are you willing to travel for an egg donation? Yes, but prefer to do my monitoring locally—I have a clinic that I've worked with in the past.

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: 5'7" Weight: 130 **Measurements:** Bust 34-C Hips _____ Waist _____

Eye Color: dark brown Natural Hair Color: dark brown Build: Med

Blood Type: A+ Hair: (Circle all that apply) Straight Wavy

Skin Color: (Circle all that apply) Olive Do you tan easily? Yes, very easily Burn? No _____

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

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

Mother's Side: Scottish

Father's Side: Jewish&French

DETAILED CHARACTERISTICS (Circle all that apply)

Hands: Small Right handed

Eyes Set: Average Do you wear corrective lenses? no

Nose: Med

Mouth: Average **Lips:** Average

Chin Shape: Square/ **Cleft:** None

Skin: Normal **Acne:** None **At Age:** _____

Dental: Do you wear braces? no Have you ever worn braces? Yes _____
Reason? overbite

Other Distinguishing Marks: Dimples A few Freckles on my face

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? 28-30 How long do they last? 5-7days

Do you experience cramps? Average

Method of birth control? Tubes are tied If none, in the past? _____

Have you ever been pregnant? Yes 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

List of pregnancies and outcomes below:

Year	Delivery &or % Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.1997				blighted ovum-had D&C	
2.1998	vaginal				
3.2002	vaginal				
4.2005	vaginal				

Any complications? I have very mild asthma which tends to flare up when I'm pg b/c I have big babies and the extra strain put on my lungs and heart. But all of my children were fine and none of them have ever shown ANY signs of asthma. When I'm not pg though, my asthma is almost non-existent.

MEDICAL HISTORY

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

1. D&C-1997
2. Tubal ligation-2005, Wisdom Teeth Extraction-2005

Have you ever had a blood transfusion? No _____ If yes, please list date and reason: _____

Any hospitalizations not mentioned above? Yes _____ If yes, please explain: In January, 2004 I contracted the Cocksackie virus from my son and had to be hospitalized for pain management and to re-hydrate me.

Have you ever had major radiation or x-ray exposure? no _____ If yes, please explain: _____

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? Occasionally _____

If yes, how many drinks per: day? _____ week? _____ month? 2-3 _____

Do you have any allergies to drugs or environmental exposures? Morphine, dust

Pls. explain: morphine causes a rash

Describe any childhood allergies that you have outgrown: _____

Do you have any medical illnesses (diabetes, asthma, etc...)? ashtma _____ If yes, pls. explain: explained above

Please list all prescription or over the counter medications including dosage you are currently taking: bcp-currently cycling, Albuterol (when needed)

***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?
06/06	21	13	yes	Yes
11/06	25 (21 mature)	16 (ICSI) low sperm	Yes	Yes
02/07	26	Unsure	Yes	Yes (Girl)
08/07 (Shady Grove)	24	20	Yes (only one embryo transferred per IPs request)	Yes (Girl)

Were their embryos left to cryopreserve (freeze)? _yes If yes, how many? 8

What is the compensation you are asking for your donation? \$8500 (1st time donors \$5,000)

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

Have you been sexually active in the past 6 months? _yes

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

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: _ 3.32 can't remember exactly_____)
Currently in College pursuing a degree in: _yes_____
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: don't remember ACT's: _____ College GPA: 3.04

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

1. Augusta State University - currently attending _____
2. _____
3. _____

Dean's List or Honor Roll? Yes, dean's list numerous times

As an adult I am most proud of: balancing my school with my family life-I think I do a pretty good job (considering I have 3 kids and a hubby-he really makes 4 kids lol)

Currently I have a career in: I am a stay-at-home-mom and I plan to continue being a SAHM until my youngest goes to school

Hours per week I work : _____ I have been in this profession for _____ days/mos/years

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

Languages I speak other than English: Spanish

I consider myself: **Active**

Physical activities include: I jog 2 miles 3xs per week and I chase 3 little ones around all day

I would describe my diet as: VERY good

Other skills or talents? I cheered all the way through high school my favorite thing that I do in my spare time is scapbooking

Do you show artistic or musical ability? Yes If yes please explain: I played the oboe all through school and still play today-just not in a structured setting

***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

	Eye Color	Hair Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brown	brown	5'5"-135	olive	55		
Father	brown	blue	6'2"215	olive	57		
Brother: 1.	I'm an only child						
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	blonde	blue	5'5"-120	fair		82	natural causes
Maternal Grandfather	brown	brown	5'9"	fair		83	lung cancer-due to 50+ yrs. Of smoking
Paternal Grandmother	brown	brown	6"3	medium		90	natural causes
Paternal Grandfather	brown	brown	5'7"	medium		85	natural causes
Children: (If Any) 1.	dark blonde/ light brown	VERY light blue	53"		8		
2.	Light brown	brown	41"		3		

3.	Light brown	dark blue	31"		15 months		
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? 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) no _____
Sickle Cell (African American)no _____
Thalassemia (Greek/Italian) _no _____
Tay-Sach's (Jewish) no _____

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

How would you describe your personality and temperament? Very outgoing, fun loving, very driven, goal oriented

What is your philosophy of life? Never settle for anything less than you deserve and live everyday as if it were your last b/c you never know when it will be

Why did you decide to become an egg donor? My best friend actually inspired me. She has been a donor for a while now, but I took a while to come to my decision b/c I wanted to make sure I was doing this for the right reasons and now after my first cycle and hearing the overwhelming joy in my IM's voice when she found out she was pg--well, I can't even put that into words. I just know w/o any doubt this is what I was supposed to do.

Explain how you believe egg donation works: once chosen by Ips, I will undergo some testing, then the docs will synch my cycle w/ IM or surrogate's, then I start daily injections, ending w/ retrieval of the eggs

What qualities and characteristics would you hope the recipient parents possess? Loving, caring, financially stable people who are completely comfortable w/ their decision to pursue their dreams of parenthood through DE

How does it make you feel at the possibility of their offspring knowing about the donation? It makes me feel great!

How would you describe your childhood? Good

What is the earliest memory you hold as a child? Sitting on the back porch with my 'papa' eating apples and peanut butter-- I was definitely a papa's girl

How would you describe your teenage years? Good

Give an example of a problem you encountered as a teenager and how you handled it: I became pg when I was 17. It was hard, but I handled just like I do anything else, with complete commitment and responsibility. I love my daughter and I can't imagine my life w/o her. I would do it all over again in a second

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? VERY

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

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? No

What are your personal goals? Have you achieved any of these goals? To be the best mother/wife I can be—I think so

What is your favorite color? Blue

Favorite type of food? Italian

Favorite movie? Pretty Woman

Favorite type of music? Top 40's

Favorite Book? Swamp Secrets

Would you be willing to donate to gay or single prospective parents? No/yes Please specify: yes, to single parents, no to gay parents

Would you be willing to meet a child conceived as the result of your donation? yes
Please elaborate: If the Ips were comfortable with it.

Would you be interested in possibly meeting the prospective parents? Definitely

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)? If a baby was inevitably going to die or have NO quality of life, then I think they only humane thing to do is terminate; however, I am not comfortable with SR or abortion just b/c there are too many fetuses.

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 prefer donating remaining embryos to destroying them

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? I would prefer for them not to be destroyed, but I do realize that this is one of those situations where the ends justifies the means.

Some clinics have their intended 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 sure, I've never heard of this before.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor? I'm totally fine with that.

Is there a message you would like to leave for your prospective parents? I cannot imagine the pain and disappointment that you have experienced in your IF journey, but please know that I would love to help you achieve your dreams of parenthood. I truly believe that in the end, DNA doesn't amount to a hill of beans and DNA doesn't make a parent/child bond, love does. I wish you the best of luck on your search for the 'perfect' donor—trust your heart, it will never steer you wrong.

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		x					DX about 6 mos ago
BLOOD							
A. anemia	x						Only when pregnant
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	x						mild
C. emphysema							
D. tuberculosis							
E. lung cancer					x		Due to smoking
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 (Hypo)		x				X aunt	Not dx until both in 50's
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		x					
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							

