

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

**Donor Number: 0304** (For Agency Use Only)

Today's Date: 5/19/2010\_\_\_\_\_

Date of Birth: \_12/30/1990\_\_\_\_\_

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

Full Legal Name and any aliases: \_ \_\_\_\_\_

Social Security #: \_\_\_\_\_ Insurance Co: \_United Health Care\_\_\_\_\_

Address: \_\_\_\_\_ City: Littleton\_\_\_\_\_ State: \_Co\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Are email communications permissible? If so, what is your E-mail Address: \_\_ \_\_\_\_\_

I check my email: all day once a day-yes several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes \_\_\_\_\_

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? \_\_ASAP\_\_\_\_\_

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship \_mother\_\_\_\_\_ Ph: \_\_\_\_\_

Who may we contact in case your demographics change? \_\_\_\_\_ Ph: \_\_\_\_\_

Are you (Pls. Circle): Married-no (Single with relationship- yes) Single without relationship- no

Are you a U.S. Citizen? (Yes) No

Do you have medical insurance? (Yes) No

If so, provide name of your health plan and identification number:\_\_\_\_\_

Are you willing to travel for an egg donation? Yes (No) Possibly if:\_\_\_\_\_

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

Have you ever filed bankruptcy? Yes (No) If so, when? \_\_\_\_\_

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

### PHYSICAL CHARACTERISTICS

Age: 20 Height: 5'5 Weight: 160 Measurements: Bust 38c Hips 9 Waist 10

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

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

Mother's Side: German, English, Irish

Father's Side: German, English

Blood Type: B (+ or -) Place of Birth: San Diego, California

What celebrity do people most commonly say you look like? Jennifer Aniston

**\*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	(average)	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
age15-18						
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 __10__ to __14__years of age					

## 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? \_\_2 ½ or 3 weeks How long do they last? \_7 days

Do you experience cramps? None \* Mild Average Severe

Method of birth control? \_\_\_\_\_ If none, in the past? \_\_4 months\_\_\_\_\_

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

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? \_\_\_\_\_

## 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? \_\_5,000\_\_\_\_ (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_5,000\_\_\_\_\_

Will you require missed wages from work? \_\_yes\_\_\_\_\_

If yes, what is your hourly wage? \_\_10/hr\_\_\_\_\_ How many hours per week do you work? \_\_32hours\_\_\_\_\_

Will you require childcare reimbursement? \_\_\_\_\_ If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

## MEDICAL HISTORY

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

1. \_\_\_\_remove tonsels\_\_\_\_\_
2. \_\_\_\_remove two baby teeth that was connected to jaw bone\_\_\_\_\_

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: \_\_\_\_\_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? \_3 ½ months\_\_\_\_\_

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

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? 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 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: red rocks community college  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 23 College GPA: 2.0

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>red rocks community college</u>	<u>2009-2010</u>
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? \_\_\_\_\_

As an adult I am most proud of: being the person I am today

Currently I have a career in: Construction labor

I have been in this profession for 6mos days/mos/years

\*I have flexibility in my current profession: No

Languages: Speak: English, French, Spanish

Read: English

Write: English

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

Physical activities include: swimming, football, lacrosse, ultimate Frisbee, volley ball

Have you excelled in any physical activities? I have been swimming for 16 years

Manual Dexterity: Dexterous **Average\*** Clumsy

I would describe my diet as: healthy

Other skills or talents? making ceramic pottery, cooking, drawing, great with kids

Do you show artistic or musical ability? yes If yes please explain: artistic, I draw

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brown	hazel	5'4" 165	dark	49		
Father	blonde	green	6'1" 236	medium	52		
Brother: 1.	Light brown	green	6'2" 257	light	23		
2.	brown	green	6'2" 168	light	18		
3.							
4.							
Sister: 1.							
2.							
Maternal Grandmother	brown	green	5'3" 178	light		97	Old age, natural causes
Maternal Grandfather	Light brown	brown	5'9" 247	medium		88	Lung cancer, smoking
Paternal Grandmother	brown	green	5'4"	light	81		
Paternal Grandfather	brown	brown	6'4"	light	81		
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? \_\_\_\_\_ 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:

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

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

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**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? Up- beat and always calm and fun

What is your philosophy of life? If you don't live your life the way you want to, or doing the things you enjoy; then you're not really living!

What qualities and characteristics would you hope the recipient parents possess? loving, outdoor people, stable, have rules/discipline.

How does it make you feel at the possibility of their offspring knowing about the donation? I'm ok with that

How would you describe your childhood? fun and full of excitement

What is the earliest memory you hold as a child? Getting in swimming pool

What was it like growing up in your family? fun, going camping, on trips, fishing, spending together

What religion did you belong to as a child? Lutheran

### **When I Was A Child:**

My favorite thing to do was: be outside

At home I was expected to: help with chores, keep my room clean

My parents were strict about: chores, bad words, bed times, school work

My parents taught me to value: the value of friends ship and trust

What I loved most about my father was: playing sports with me or rough housing with me

What I loved most about my mother was: always let me help her in the kitchen or plant flowers, always there to cheer me up when I was down

My favorite relatives were: my aunt tt, my cousin james, aunt sheryl

I loved to visit: the mountains, and other family members

In comparison to others I was: outgoing and goofy kid

### **Your Teenage Years:**

Describe yourself as a teenager: I was kind of shy but still outgoing and had fun with my friends. I liked to make people laugh, play sports and be outdoors.

Describe your achievements: I got 5<sup>th</sup> place in an art show for my pottery, 3<sup>rd</sup> place in culinary competition against 25 teams and then 2<sup>nd</sup> the next year.

Did you do poorly at anything? math and reading

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? a little educational difficulties, slight acne.

What do you hope to achieve by volunteering in an egg donor program? to help make someone else's dream come to life and fill their life with that happiness; every woman and man wants that feeling of being a parent. Also if I were in that situation, I would be so grateful if someone were willing to do this for me as well.

What message would you like passed on to the recipient of your eggs/their offspring? treat it like your precious diamond and love it with all the love you can give, let them be themselves throughout their life. I'm glad I can help make your dreams come true!

What helped you decide to become an egg donor? a family member's wife was having trouble getting pregnant and it made me feel like I wanted to help if I could.

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? no, not really

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 person I want to become and not what someone else wants me to be.

What do you see yourself doing in the next 5-10 years? working with kids or animals

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

What is your favorite color? blue and purple

Favorite type of food? Italian

Favorite movie? finding nemo

Favorite type of music? alternative

Favorite Book? adventure

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

Would you be willing to meet a child conceived as the result of your donation? yes Please elaborate:

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

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

I don't know, I've never really given it much thought.

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 sign

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?

no

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?

If they paid for them and they don't need them then that's their right but I disagree with it

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

I'm ok with that. It's just like adoption

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

\_\_\_\_\_

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					MGF		Smoker
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
<b>NEUROLOGICAL</b>							
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							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
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							
<b>SIGHT/SOUND/SMELL</b>							
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							
<b>SKIN</b>							
A. acne	X						Slight-Early teens
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
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							

<b>RISK FACTORS</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Have you ever been sexually active with a male who was gay or bisexual?	<b>Yes</b>	<b>(No)*</b>	no I have not
Have you ever injected drugs or had a sexual partner who did so?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	<b>Yes</b>	<b>(No)*</b>	no
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	<b>Yes</b>	<b>(No)*</b>	no
Have you ever had sex in exchange for money or drugs?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
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?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
Have you had an accidental needle stick within the Past 12 months?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	<b>Yes</b>	<b>(No)*</b>	<b>no</b>

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?	Yes	(No)*	no
Have you ever been diagnosed with hepatitis?	Yes	(No)	no
Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	Yes	(No)*	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, Gibralter or Falkland Islands?	Yes	(No)	



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 bornOr lived in any 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 involvesBeing 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)**

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Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>(No)</b>	<b>if so, why?</b>
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Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>(No)</b>
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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?	<b>Yes</b>	<b>(No)</b>
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Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>(No)</b>
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## 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: 5/19/2010

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: 5/19/2010

Witness to Signatures above: \_\_\_\_\_

Date: 5/19/2010