

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

Donor Number: 0338 (For Agency Use Only)

Today's Date: Dec 7, 2011

Date of Birth: July 2, 1986

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

I am interested in an () Open () Anonymous () Semi-Open-Donation **(X) No Preference**

Full Legal Name and any aliases:

Social Security #: Insurance Co: n/a

Address: City: Windsor State: Ontario 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 several times a week rarely

Are text messages permissible and if so at what telephone numbers? **Yes** No

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? As soon as beginning of January 2012

Who may we contact in case of an emergency?

Relationship MOTHER Ph:

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 No

If so, provide name of your health plan and identification number: Green Shield Canada

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? Yes 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: 26 Height: 5'6" Weight: 155lbs Measurements: Bust 36in Hips 38in Waist 28in

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

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

Mother's Side: Lebanese, French, Irish

Father's Side: Welsh, English

Blood Type: Unknown (+ or -) Place of Birth: Windsor, Ontario, Canada

What celebrity do people most commonly say you look like? Kate Hudson

***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 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 oily medium combination
*Acne none slight medium severe at what age _____

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

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? 24 How long do they last? 4 Days

Do you experience cramps? **None** Mild Average Severe

Method of birth control? Pill 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

| 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? Yes If yes, Please list dates and outcomes:

| Mo/Year | # Eggs Retrieved | # Eggs Fertilized | Did a pregnancy occur? | Did a live birth occur? |
|-----------|------------------|---|------------------------|-------------------------|
| 11/7/2012 | 11 | 6-Transferred 1 | Yes-Singleton-Male | Pending |
| 2/26/2013 | 23 | Transferred 1 16 mature/13 fert. 6 AA 3 AB 1 BA 2 BC 1 CC | Yes-Singleton | Pending |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle?(4), (9 total 5 AA 3ab and 1 bc)

What is the compensation you are asking for your donation? \$8500.00 (1st time donors \$5,000)

What is the least amount you would consider? ?

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$16/hr How many hours per week do you work? 40hrs/week

Will you require childcare reimbursement? NO If yes, what is the hourly rate? _____ X _____ kids

During travel assignments, will you: (☒)Drive yourself to the airport and require parking reimbursement
()Take a taxi or shuttle and require reimbursement
()Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? X ☒ Yes _____No

MEDICAL HISTORY

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

1. Wisdom teeth removed

2. Appendectomy June 1, 2012

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 ever had a reaction to anesthesia? NO If yes, please explain reaction in detail: _____

*Do you smoke cigarettes? NO/NEVER 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: NO

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? 3yrs

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)? Yes **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? **Yes** No If yes, please explain treatment

Ovarian Cyst rupture in winter 2007 while off birth control. Was placed back on the pill and no complications since.

Please list all prescription or over the counter medications including dosage you are currently taking:

Birth Control Pill – AVIANE 28

***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: _____
Completed College with degree in: **Veterinary Technician**
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: n/a ACT's: n/a College GPA: 4.0 GPA

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

1. St. Clair College 2005-2008
2. _____
3. _____

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

Dean's List or Honor Roll? Yes

As an adult I am most proud of: Graduating top of my class and being in the career I've wanted since childhood

Currently I have a career in: Registered Veterinary Technician

I have been in this profession for 3 1/2 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: Working out/Bootcamp classes, Volleyball, Swimming

Have you excelled in any physical activities? Volleyball, Gymnastics as a child/preteen

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Very healthy, lots of fruits, veggies and proteins

Other skills or talents? Scrapbooking, interior decorating

Do you show artistic or musical ability? NO If yes please explain: _____

FAMILY HEALTH HISTORY

| | Natural Hair Color | Eye Color | Height Weight | Skin Tone | Age If Living | Age at Death | Cause of Death |
|--------------------------|--------------------|-----------|---------------|-----------|---------------|--------------|---|
| Mother | Brown | Hazel | 5'5 170 lb | Medium | | 51 | Pulmonary Embolism after car accident |
| Father | Lt Brown | Blue | 5'10 190lb | Medium | 64 | | |
| Brother: 1. | Brown | Blue | 5'10 200lb | Medium | 29 | | |
| 2. | Blonde | Blue | 6'2 200lb | Fair | 34 | | |
| 3. | Brown | Blue | n/a | n/a | | 2 months | Premature/Respiratory Failure |
| 4. | | | | | | | |
| Sister: 1. | Brown | Green | 5'6 120lb | Fair | 29 | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| Maternal Grandmother | Brown | Brown | 5'2 130lb | Olive | | 82 | Natural Causes |
| Maternal Grandfather | Brown | Brown | 6' 200lb | Medium | | 85 | Alzheimer's |
| Paternal Grandmother | Brown | Blue | 5'6 140 lb | Fair | | 42 | frequently in the hospital with stomach/intestinal issues. They weren't sure it was "colon cancer", but that is what they were assuming. It is something that would have been treatable in this day and age according to my dad. She was also a smoker. |
| Paternal Grandfather | Brown | Blue | 5'10 180lb | Fair | | 72 | Esophageal Cancer- a smoker and was diagnosed a few years before passing away. He received treatment, but unfortunately the cancer won. |
| Children: (If Any) 1. | | | | | | | |
| 2. | | | | | | | |

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? 1 Set, Maternal Great Grandmother

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? YES If yes, please explain the cause of death: Premature, died of respiratory failure at 2 months

Have you ever been tested for:

Cystic Fibrosis (Caucasian) NO
Sickle Cell (African American) NO
Thalassemia (Greek/Italian) NO
Tay-Sach's (Jewish) NO
Fragile X NO
Spinal Muscular Atrophy NO

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

How would you describe your personality and temperament? Very positive and outgoing. Always making my friends laugh. Caring and compassionate, especially with animals. I am ambitious and adventurous.

What is your philosophy of life? If you can dream it, you can do it! Don't put limits on yourself or anyone. Everyone deserves respect and kindness. Smiles are contagious and random acts of kindness can change the world.

What qualities and characteristics would you hope the recipient parents possess? Close family and strong family values. Fun loving, and caring, and hopefully they love animals!

How does it make you feel at the possibility of their offspring knowing about the donation? Humbled. ☺

How would you describe your childhood? Very family oriented- we all did musicals as a family for years. Lots of vacations and time spent as a family. Always told we were loved and kissed before bedtime and when we left!

What is the earliest memory you hold as a child? Playing an orphan in the play "Annie" when I was 5 years old!

What was it like growing up in your family? We had a stay at home mom, so we always had delicious home cooked meals and lots of bonding time. Siblings and I are very close, so we were always playing together. A very positive and loving household.

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: Put on singing/dancing shows for my mom and dad with \$5 admission! ☺

At home I was expected to: Be respectful, do my chores and clean up after myself

My parents were strict about: Cursing, Cleaning our rooms

My parents taught me to value: Family and friends, and to live everyday to the fullest

What I loved most about my father was: His humor and he always sang to me

What I loved most about my mother was: Her cuddles and caring attitude

My favorite relatives were: Grandparents

I loved to visit: Our cottage up north in the summer time

In comparison to others I was: A very lucky and blessed girl

Your Teenage Years:

Describe yourself as a teenager: Very active in school (sports, clubs etc), lots of friends (social butterfly), cheerleader

Describe your achievements: Honor roll every year, Head of the fashion show every year

Did you do poorly at anything? Running in gym class! I am not a runner, or so I have learned!

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? Peace of mind knowing I was able to put my eggs to good use and that someone was able to have life beyond their own when they were otherwise unable to.

What message would you like passed on to the recipient of your eggs/their offspring? I hope everyone has a healthy and fulfilling life and that all your dreams come true. Please tell each other you love each other every day!

What helped you decide to become an egg donor? Reading so many success stories and the true compassion behind them.

Do you consider yourself a reliable person? Very

Do you consider yourself a punctual person? Yes

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? Get married and buy my first house!

What do you see yourself doing in the next 5-10 years? Hopefully having my first child!

What would you like your recipient couple to know about you that has not already been asked? I am in this for the long haul and doing it for the right reasons. I truly want to see a positive outcome and plan to give myself 100%.

What is your favorite color? Turquoise

Favorite type of food? All fruits!

Favorite movie? All romantic comedies

Favorite type of music? Country!

Favorite Book? "Marley and Me"

Would you be willing to donate to gay or single prospective parents? Yes Please specify: No discrimination!

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate:

My gift is knowing I gave what I could and from there I only hope for the absolute best outcome and healthy life for everyone.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?
Yes, I would be open to a relationship or meeting.

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

I don't believe either are necessary unless there is a risk to the mother.

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?

There shouldn't be a price tag on having a child, and if a family cannot afford the high costs of donation, I would consent.

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?

I would be ok with scientific research, but seems a waste to discard when the demand/need is so high.

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 don't necessarily agree with this idea, but understand why it is in place.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?
Whatever helps them have a healthy baby!

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

I can understand the nervousness and anxiety of not knowing where/who your donated eggs came from, so if an open relationship is what you are most comfortable with then I will be there 100% to ease your fears. I know how much I look forward to having children of my own, so I can imagine the excitement and rewards ahead for you with your children. It is my honor to help you in this process, and I make it my promise to be there for you and the procedure fully. I look forward to the close relationship we will have, even if we never speak or meet. You will always hold a special place in my heart, and it would be my pleasure to help you achieve your dream of life beyond your own, and creating your own legacy.

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 | | | | | Maternal, Mild 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 | X | | | | | | Once, and treated, no complications since |

| | | | | | | | |
|--|-----|--------|--------|----------|----------------------------------|--------------|---------|
| 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 | | | | | Maternal Grandfather | | |
| 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 | | | | | Colon ,esophageal paternal gpnts | | |
| E. any other condition not mentioned above | | | | | | | |

| RISK FACTORS | Yes | No | Comment |
|---|------------|-----------|----------------|
| Have you ever been sexually active with a male who was gay or bisexual? | Yes | No | |
| Have you ever injected drugs or had a sexual partner who did so? | Yes | No | |
| Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate? | Yes | No | |
| Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates? | Yes | No | |
| Have you ever had sex in exchange for money or drugs? | Yes | No | |
| Have you ever been sexually active with a person who has had sex in exchange for money or drugs? | Yes | No | |
| Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C? | Yes | No | |
| 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? | Yes | No | |
| Have you had an accidental needle stick within the past 12 months? | Yes | No | |
| Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer? | Yes | No | |
| In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis? | Yes | No | |

(Cont'd)

| | | |
|---|------------|-----------|
| Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months? | Yes | No |
|---|------------|-----------|

| | | |
|--|------------|-----------|
| Have you ever been diagnosed with hepatitis? | Yes | No |
|--|------------|-----------|

| | | |
|---|------------|-----------|
| Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months? | Yes | 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, Gibraltar 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 born or lived in 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 involves being 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)

| | | | |
|---|------------|-----------|-------------|
| Have you ever been excluded as a blood donor? | Yes | No | if so, why? |
|---|------------|-----------|-------------|

| | | |
|---|------------|-----------|
| Have you been diagnosed or suspected to have Chagas' disease? | Yes | No |
|---|------------|-----------|

| | | |
|--|------------|-----------|
| 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? | Yes | No |
|--|------------|-----------|

| | | |
|--|------------|-----------|
| Have you received a bite from an animal suspected for rabies within the last six months? | Yes | No |
|--|------------|-----------|

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 7, 2011

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: Dec 7, 2011

Witness to Signatures above: _____

Date: _____

