

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

Donor Number: **0113** (For Agency Use Only)

Today's Date: 12/14/2010

Name: Anne

Date of Birth: 04/17/1983

Social Security #: _____ Insurance Co: _____

Address: _____ City: Grovetown State: GA 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? May 2011

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: 28 Height: 5'3" Weight: 145 **Measurements:** Bust _____ Hips _____ Waist _____

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

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

Mother's Side: English

Father's Side: English

Blood Type: B (+ or -) Place of Birth: Tennessee

What celebrity do people most commonly say you look like? _____

Please circle appropriate response:

Body Type/Bone Structure:	small	<u>medium</u>	large			
Hands:	<u>right-handed</u>	left-handed	ambidextrous			
Eyes:	*Color *Set *Size *Shape *Shade	brown narrow small round <u>light</u>	hazel <u>average</u> <u>average</u> <u>oval</u> medium	<u>green</u> wide large almond dark	blue	
Hair:	*Natural Color *Color as child *Shade *Type *Fullness *Texture	blond blond <u>light</u> straight thin fine	<u>brown</u> <u>brown</u> medium <u>wavy</u> <u>medium</u> <u>medium</u>	black black dark curly thick course	red red other _____	
Nose:	*Size *Width *length *Nostril Flare	small narrow short small	<u>medium</u> <u>average</u> <u>average</u> <u>average</u>	large wide wide wide		
Cheekbones:	*Set *Prominence	low slight	<u>average</u> <u>medium</u>	<u>high</u> strong		
Mouth:	*Size *Lips	small thin	<u>average</u> <u>average</u>	large full		
Chin:	*Shape *Prominence *Cleft	square slight <u>none</u>	<u>oval</u> <u>average</u> slight	round strong medium		
Skin:	*Tone *Tan Ability *Condition *Acne	light none normal <u>none</u>	<u>med-light</u> <u>slight</u> dry slight	medium medium oily medium	med-dark easy medium severe	dark olive <u>combination</u> 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

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? 31 How long do they last? 4-5 Days

Do you experience cramps? None Mild Average Severe

Method of birth control? None-Breastfeeding If none, in the past? _____

Have you ever been pregnant? Yes 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. 04/2010	Delivery				
2.					
3.					
4.					

Any complications? No

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? _____

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? Yes If yes, how many drinks per: day? _____ week? 1 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: _____

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

***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? \$6000 (1st time donors \$5,000)

What is the least amount you would consider? \$5000

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-2 ½ yrs
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: _____
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 24 College GPA: 3.0

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>University of TN</u>	<u>2006</u>
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Yes

As an adult I am most proud of: Running a marathon

Currently I have a career in: Financial Counseling

Hours per week I work: 40 I have been in this profession for 5 days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: _____
Read: _____
Write: _____

I consider myself: Athletic Active Average Inactive

Physical activities include: Hiking, swimming, any outdoor activity

Have you excelled in any physical activities? Ran one marathon and one 1/2 marathon

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? _____

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

***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	Brown	Blue	5'8" 160	Fair	54		
Father	Brown	Green	5'11: 200	Fair	55		
Brother: 1.	Brown	Green	5'11" 185	Fair	27		
2. Different Dad	Brown	Brown	5'10" 190	Olive	16		
3.							
4.							
Sister: 1.	Blonde	Blue	5'4" 140	Fair	30		
2. Different Dad	Brown	Brown	5'7" 150	Olive	18		
3. Different Dad	Brown	Brown	5'8" 155	Olive	21		
4.							
Maternal Grandmother	Blonde	Blue	5'8" 150	Fair		66	Breast Cancer
Maternal Grandfather	Brown	Green	6'0"	Fair		70	Diabetes (Lifestyle) Placed in nursing home then passed. (Nursing home curse of lost hope I'm sure)
Paternal Grandmother	Red	Green	5'9" 180	Fair		75	Depressed after loss of husband. Stopped eating, died in her sleep.
Paternal Grandfather	Brown	Blue	6'0" 230	Fair		69	Stroke (Lifestyle)
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? 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: NO

Cystic Fibrosis (Caucasian) _____

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? Type A personality. I am mild and easy going but take charge when needed.

What is your philosophy of life? Work hard now and play hard later

What qualities and characteristics would you hope the recipient parents possess? Healthy life style with lots of outdoor activities. Strong family values centered around God and family.

How does it make you feel at the possibility of their offspring knowing about the donation? I am fine with it, it is up to the child's parents

How would you describe your childhood? Busy, lots of love, big family, always outside, always having fun.

What is the earliest memory you hold as a child? The first birthday of my younger sister. I was four and the cake was red velvet.

What was it like growing up in your family? My family is always warm and open. We tell each other everything and to this day, my sisters are my best friends.

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Climb trees, play with the farm animals and read.

At home I was expected to: Help out. Be respectful and always tell the truth

My parents were strict about: Not always telling on each other. They wanted us to learn to work things out.

My parents taught me to value: Team work

What I loved most about my father was: His laugh. It is a deep belly laugh

What I loved most about my mother was: She is always fun. She plays kick the can and just enjoys her kids

My favorite relatives were: Grandmother

I loved to visit: Grandmother

In comparison to others I was: Very outgoing.

Your Teenage Years:

Describe yourself as a teenager: Very social and active in school.

Describe your achievements: Class president, vice president of future business leaders of America, art club, track, drama and debate club.

Did you do poorly at anything? Math was always a struggle

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Not anything that was not normal.

I mean I worried about being popular but what teenage girl doesn't!

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to help my husband and I while helping another family by becoming family.

What message would you like passed on to the recipient of your eggs/their offspring? Be patient, have faith, take pride in what God creates and enjoy the great outdoors

What helped you decide to become an egg donor? One of my friends is being a surrogate and she told me the need for eggs donors who are qualified.

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? Religious and spiritual. I believe in God, prayer and the power of the Holy Spirit.

Do you have any ethical, moral or religious reservations about being an egg donor? No, almost the opposite. We should help one another out and that is what I would be doing.

What are your personal goals? Have you achieved any of these goals? I want to own my own company along with my husband. I want to start my family in five years. I graduated college and landed a job I wanted which was also a goal.

What do you see yourself doing in the next 5-10 years? Starting a family and getting into the real estate market with my husband.

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

What is your favorite color? Yellow

Favorite type of food? Mexican

Favorite movie? Princess Bride

Favorite type of music? Anything

Favorite Book? Glass Castle

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

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents wanted me to or if needed for medical reasons

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

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

I would not be open to that.

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?

Would have to look at contract, not sure.

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?

Not sure at this time

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?

No

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

That is fine

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

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							
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							
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		x					My mother was diagnosed with the skin type at 35 and it is actually quite manageable. She takes good care of herself by eating right and making sure she does not expose herself to anyone known to be ill (such as a cold or virus). She has regular check ups and is doing fine. She also stays out of the sun because this can make it flair up. I know it sounds like a scary illness but she is a very active and happy person. It is one of those things that if you do what the doctor says and take care of yourself you will be ok.
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					x		MGM had breast cancer in one breast and then it spread to both. She lost one breast and was in remission for a year and then it came back in the other and she lost her battle. She was an awesome Nana to have and even at the end she did her best to be upbeat and say she was going to beat it. She never gave up.
D. any other cancer not mentioned above							
E. any other condition not mentioned above							