

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

**Donor Number: 0293** (For Agency Use Only)

Today's Date: March 3, 2010

Date of Birth: October 11, 1984

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

Full Legal Name and any aliases:

Social Security #: \_\_\_\_\_ Insurance Co: Affinity health plan

Address: \_\_\_\_\_ City: Bronx State: NY Zip: \_\_\_\_\_

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

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

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

**I check my email: all day**

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? \_\_YES\_\_ If yes, please explain in detail:

Level of education.

How soon are you able to begin your donation? A.S.A.P.

Who may we contact in case of an emergency?

Relationship Boyfriend Ph:

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

Are you (Pls. Circle): Single with relationship

Are you a U.S. Citizen? Yes

Do you have medical insurance? Yes

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

Are you willing to travel for an egg donation? Possibly if: Expenses are paid for and depending on the location.

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

Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No

### PHYSICAL CHARACTERISTICS

Age: 26 Height: 5'1 Weight: 136 Measurements: Bust 36C Hips \_\_\_\_\_ Waist \_\_\_\_\_

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Puerto Rican and Venezuelan

Mother's Side: Puerto Rican

Father's Side: Puerto Rican and Venezuelan

Blood Type: O+ (+ or -)

Place of Birth: Bronx, NY

What celebrity do people most commonly say you look like? Natalie Portman

**\*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 **slight** **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 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? \_\_10\_\_\_\_ Are your cycle's regular? \_\_yes\_\_\_\_

How long are your cycles from day one to the next day one? \_\_\_\_21-27\_\_\_\_ How long do they last? \_\_\_\_7days\_\_

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

Method of birth control? \_\_\_\_Condoms\_\_\_\_ 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?

## LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2008	Girl / Vaginal	NO	NO	NO	NO
2.2009	Boy / Vaginal	NO	NO	NO	NO
3.					
4.					
5.					
6.					

Any complications? NO

## 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? \$5000 (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? \_\_\_\_\_

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

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: NO

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you had a blood transfusion in the last 12 months? \_NO\_\_\_\_\_

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? \_NO\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you been exposed to radiation or toxic chemicals in your work or personal life? \_\_\_\_NO\_\_\_\_\_  
\_\_\_\_\_

Have you received a bite from an animal suspect for rabies within the last 6 months? \_\_\_\_\_NO\_\_\_\_\_

Have you ever had a reaction to anesthesia? \_\_\_\_NO\_\_\_\_ If yes, please explain reaction in detail: \_\_\_\_\_  
\_\_\_\_\_

\*Do you smoke cigarettes? \_\_\_\_NO\_\_\_\_ Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? Yes If so, What? Marijuana (two years ago)

Do you drink alcohol? On occasion If yes, how many drinks per: day? \_\_\_\_ week? \_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? \_\_\_\_NO

Describe any childhood allergies that you have outgrown: \_\_\_\_None

Do you have any medical illnesses (diabetes, asthma, etc...)? \_\_\_\_NO\_\_\_\_

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** No

If yes, for how long? \_\_\_\_5 ½ years

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? 2004 - I was given antibiotics.

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 Just had pap re-done and waiting on results.

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

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**\*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: **GED**

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: \_\_\_\_\_

College GPA: \_\_\_\_\_

Please list names and year of all colleges attended:

College

Year

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

What was your favorite subject in school? \_\_\_\_\_English

You're least favorite? \_\_Science

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

As an adult I am most proud of: My two healthy children.

Currently I have a career in: Homemaker

I have been in this profession for \_\_\_\_\_ 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: Running around my two children!

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Average – I try to eat healthy.

Other skills or talents? \_\_\_\_\_

Do you show artistic or musical ability? \_\_\_\_\_No\_\_\_\_ If yes please explain: \_\_\_\_\_

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'2	Light	48		
Father	Black	Brown	5'9- 5'10	Med- light	48		
Brother: 1.							
2.							
Sister: 1.	Brown	Brown	5'5- 5'6	Light	29		
2.	Brown	Brown		Light	32		
3.							
4.							
Maternal Grandmother	Black	Hazel	5'0	Med		54	Heart attack
Maternal Grandfather	Black	Brown	5'3	Med	73		
Paternal Grandmother		Brown		light			Heart attack
Paternal Grandfather	Didn't know						
Children: (If Any) 1.	Black/Brown	Brown		Med/light	16 months		
2.	Black/Brown	Brown		Med/light	4 months		
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:

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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? \_\_\_\_\_

How would you describe your personality and temperament? I think I have a great personality; I have a great sense of humor, I am fun, outgoing, I can make friends with almost anyone. I don't lose my temper easily, I'm a pretty easy going person and I like to help others.

What is your philosophy of life? Life is short live it to the fullest. Enjoy every day as if it's your last and treat others as you want to be treated.

What qualities and characteristics would you hope the recipient parents possess? I would hope that they are well educated, loving, have good morals, and a good sense of humor.

How does it make you feel at the possibility of their offspring knowing about the donation? If he/she is old enough to understand that their parents wanted a baby to complete their lives and love more than anything in this world and that's why they used donation then I would feel good.

How would you describe your childhood? I grew up in a single parent home. My mom raised us (my sister and I) on her own. We didn't have a great deal of money but my mom always made sure we had food, clothes, and a roof over our head. She was a great and loving parent.

What is the earliest memory you hold as a child? Eating pancakes with my grandma when I was 4 years old, she made them so big ☺ and she would let me paint with her nail polish.

What was it like growing up in your family? I had a lot of freedom as a teen although my mom was pretty tough anything we did wrong (bad in school, didn't clean, etc.) we would get grounded, she didn't hit us (I would have preferred that, it doesn't last as long,☺)

What religion did you belong to as a child? None

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

My favorite thing to do was: Listen to music

At home I was expected to: Do well in school and keep the house clean.

My parents were strict about: My mom is a neat freak, so just keeping everything clean.

My parents taught me to value: Life

What I loved most about my father was: Nothing he wasn't around.

What I loved most about my mother was: The fact that she raised two children on her own and still managed to have a social life.

My favorite relatives were: My aunt Melissa she was more like a sister to me.

I loved to visit: \_\_\_\_\_

In comparison to others I was: To myself. I am far from being shy but as a child and around my family I was quiet and kept to myself.

### **Your Teenage Years:**

Describe yourself as a teenager: As a teenager I discovered who I was, I was very outgoing, social, I made a lot of friends and loved to go out (movies, diner, parties etc.) my teen years were great, I had a lot of fun.

Describe your achievements: I am proud to say that I have been working since I was 14 years old and on my own since I was 18.

Did you do poorly at anything? Yes at school, that is the one thing I regret in my life.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? As a teen my sister was out of the house and it was just my mom and me, she gave me a lot of freedom and I took advantage of it and ended up screwing up in school. I did go and get my GED. I didn't go to college because I couldn't afford it.

What do you hope to achieve by volunteering in an egg donor program? I just want to be able to help a couple complete their family. I have two children and I know how amazing it feels to be a parent.

What message would you like passed on to the recipient of your eggs/their offspring? I hope I was able to help you fill the missing piece in your life.

What helped you decide to become an egg donor? I couldn't imagine not be able to have children and knowing there are women out there who can't and I could help, I would love to.

Do you consider yourself a reliable person? Definitely

Do you consider yourself a punctual person? Yes, I hate to be late.

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? Yes. I plan to write a book one day

What do you see yourself doing in the next 5-10 years? I see myself finished with college and being a successful author.

What would you like your recipient couple to know about you that has not already been asked? Although i do not have a college degree I am an intelligent woman, who plans to continue her education one day (when I am able to afford it).

What is your favorite color? Red

Favorite type of food? Italian

Favorite movie? Catch me if you can and The pursuit of happiness

Favorite type of music? I love all kinds of music

Favorite Book? The Davinci Code, The Lost Symbol

Would you be willing to donate to gay or single prospective parents? YES Please specify: As long as they are good, loving people. Just because you are gay or single doesn't mean you can't be an amazing parent.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: ONLY if the parents are truly ok with it.

Would you be interested in possibly meeting the prospective parents? I would like too. I know some people prefer to stay anonymous, so either way I am ok with their decision.

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

I personally don't believe in abortion. That being said some women don't have it in them to deal with a disabled or disfigured child. I know a few women who have aborted for their own reasons, who am I to judge. I just don't have the heart to do it, a baby is a blessing.

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?

I would be ok with it. 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? I would not sign for any remaining embryos to be used for scientific research.

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 would prefer to know what is going to happen to the remaining embryos but I want to help a couple more.

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

OK

Is there a message you would like to leave for your prospective parents? I hope you choose me as your egg donor. I am a great person with a big heart and I just want to help a couple unable to have children have a family. I wish you the best of luck on your journey, best wishes.

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.

<b>HEART</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack					Y		
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					Y		
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
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.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
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							
B. eczema		Y					
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 weith a male who was gay or bisexual?	<b>Yes</b>	<b>No</b>	
Have you ever injected drugs or had a sexual partner who did so?	<b>Yes</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>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	<b>Yes</b>	<b>No</b>	
Have you ever had sex in exchange for money or drugs?	<b>Yes</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>	
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>	
Have you been exposed to body fluids, open wounds, Non-intact skin or mucus membranes of any personKnown or suspected to have HIV, hepatitis B and/or C?	<b>Yes</b>	<b>No</b>	
Have you had an accidental needle stick within the Past 12 months?	<b>Yes</b>	<b>No</b>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 concecutive hours or longer?	<b>Yes</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>	

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?      **Yes**      **No**

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Have you ever been diagnosed with hepatitis?      **Yes**      **No**

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Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?      **Yes**      **No**

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Have you ever been diagnosed with or suspected to have West Nile Virus?      **Yes**      **No**      if so, when?

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Have you ever been treated for or diagnosed with **Chlamydia**, gonorrhea, herpes or syphilis?      **Yes**      **No**      if so, when?2004

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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?

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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?      **Yes**      **No**

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Do you have a history of changes in cognition, speech or gait?      **Yes**      **No**

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Have you ever received a blood transfusion?      **Yes**      **No**      if so, where?

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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**

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(Cont'd)

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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**

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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?

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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?

**Yes** **No**

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Have you ever had sexual contact with anyone who was born Or 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?

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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?

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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?

**Yes** **No**

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Have you ever received a human organ, tissue transplant or human extract?

**Yes** **No**

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**(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: \_\_\_\_\_3/3/10\_\_\_\_\_

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: \_\_\_\_\_