

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

**Donor Number: 0324** (For Agency Use Only)

Today's Date: \_\_\_\_\_

Date of Birth: 12.28.1985

How did you hear of An Eggceptional Match? (If website, pls. specify): Friend/Donor with AEM

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

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

Social Security #: \_\_\_\_\_ Insurance Co: United HealthCare

Address: \_\_\_\_\_ City: New York State: NY 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? Now

Who may we contact in case of an emergency?

Relationship: Friend 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      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: Work schedule permits

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: 25      Height: 5 Foot 8 Inches      Weight: 130      Measurements: Bust 34      Hips 32      Waist 27

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

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

Mother's Side: Polish

Father's Side: Scottish

Blood Type: O (+ or -)      Place of Birth: Mesa, AZ

What celebrity do people most commonly say you look like? Julia Roberts or Reese Witherspoon

**\*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 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 13 to 15 years of age

## REPRODUCTIVE HISTORY

Age at first period? 14      Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 26-30      How long do they last? 4 days

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

Method of birth control? Apri      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? 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? No

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

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? \_\_\_\_ Yes ☒ No

## MEDICAL HISTORY

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

1. Wisdom Teeth removal in 2003

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 Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? Yes If so, What? Marijuana. I do not smoke, I really just tried it out in college. The last time I smoked was sometime before graduating in April 2008.

Do you drink alcohol? Yes If yes, how many drinks per: day? \_\_\_\_\_ week? 4-6 month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? No Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: Allergies to dogs, cedar and nickel

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? No If yes, for how long? \_\_\_\_\_

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?

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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: Had an irregular Pap Smear, had a colposcopy and re-testing on 12/29/10.

Please list all prescription or over the counter medications including dosage you are currently taking: Apri birth control - daily

**\*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: BS in Marketing and minor in Chinese**  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1220      ACT's: N/A      College GPA: 3.2

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. CU Boulder	2004-2008
2. East China Normal University	2006-2007

What was your favorite subject in school? Chinese      You're least favorite? Physics

Dean's List or Honor Roll? I made Dean's List for 3 semesters in college and made the Honor Roll almost every semester in High School.

As an adult I am most proud of: My social grace and ability to attract and make friends easily.

Currently I have a career in: Directing the marketing for an online information provider involved in Renewable Energy and Clean Technology

I have been in this profession for 2.5 years

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

Languages:    Speak: English and Mandarin Chinese

Read: English and Mandarin Chinese

Write: English and Mandarin Chinese

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

Physical activities include: Yoga, Dance, Walking and Soccer in the summer

Have you excelled in any physical activities? I was on Varsity cheer and JV dance in high school and was quite good at both, although I prefer to dance.

Manual Dexterity:    Dexterous    **Average**    Clumsy

I would describe my diet as: Healthy; I try to stay away from processed foods and too much caffeine. I do indulge in ice cream for dessert now and then though ☺

Other skills or talents? Cooking – I love to experiment in the kitchen.

Do you show artistic or musical ability? Not really 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	Blonde	Blue	5'8" 140	Medium	57		
Father	Brown	Brown	6'1" 200	Fair	59		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Blonde	Green	5'10" 130	Light	28		
2.							
3.							
4.							
Maternal Grandmother	Blonde	Green	5'6" 130	Medium		80	Age
Maternal Grandfather	Brown	Brown	6' 170	Light	87		
Paternal Grandmother	Brown	Brown	5'5" 130	Medium		69	Smoker- Bronchitis/Pneumonia
Paternal Grandfather	Brown	Brown	6'1" 185	Light		73	Leukemia
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:**

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? N/A

How would you describe your personality and temperament? Overall I'd say that I'm laid back and genuine. I'm definitely a social being who tries to make the best out of every situation. My friends would describe me as reliable, caring and loyal.

What is your philosophy of life? Go with the flow and don't put too much stress on any one situation.

What qualities and characteristics would you hope the recipient parents possess? I would hope that they are active, have a passion for traveling and are eager to try new things!

How does it make you feel at the possibility of their offspring knowing about the donation? Definitely okay with it.

How would you describe your childhood? I had a very active childhood filled with camping, playing sports and running around outside. My sister and I were also quite mischievous - more her doing and my following along – and as a form of 'punishment' my parents would threaten to take our books away because we loved to read so much.

What is the earliest memory you hold as a child? Meeting Santa Claus when I was about 2.5-3 years old...he absolutely terrified me, but I loved the wooden puzzle that he gave me.

What was it like growing up in your family? Overall my parents trusted me very much. I was required to maintain my grades and belong to at least one sport/activity, however they always let me chose the activities that I wanted to get involved in. I don't think they cared so much as to what I did, just as long as I was involved in something.

What religion did you belong to as a child? Christianity

**When I Was A Child:**

My favorite thing to do was: Dance!

At home I was expected to: Make my bed, clean up the leaves in the pool and play nicely with my sister

My parents were strict about: Being involved – I was always required to play a sport and join some sort of activity

My parents taught me to value: Respect for my peers and elders

What I loved most about my father was: How involved he was in our lives. He took us camping, joined Indian Princesses with us and went to every game we ever played.

What I loved most about my mother was: Her trust in me and the fact that she is still one of the most caring people that I know.

My favorite relatives were: My maternal grandmother, she was so giving and loving.

I loved to visit: Disneyland! We lived about 15 minutes away so sometimes my Dad and I would go, have dinner, hop on a ride and then head home.

In comparison to others I was: Talkative and very trustworthy

**Your Teenage Years:**

Describe yourself as a teenager: As a teenager I was very involved in school and academics and was well-liked all around.

Describe your achievements: Throughout high school I enrolled in Honors, AP and IB courses while maintaining a high GPA. I was captain of the Fresh/Soph Cheerleading team, Captain of the JV Dance team, Co-Captain of the Varsity Cheerleading team and nominated for Homecoming court. My JV dance team placed 2<sup>nd</sup> in the nation when competing in the UDA Nationals in Florida. During my senior year I was also elected by my high school administration to run the freshman tutorial program.

Did you do poorly at anything? My weakest subject in high school was science. I never failed a class, but I never excelled in Science either.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? My greatest struggle in high school was educational related in that I had difficulties managing my time and often over committed myself.

What do you hope to achieve by volunteering in an egg donor program? I hope to help a couple start a family! Hopefully in return I'll earn some money to move back abroad.

What message would you like passed on to the recipient of your eggs/their offspring? This future child is a gift! Be grateful for the science that has made this possible.

What helped you decide to become an egg donor? I like the idea of helping a couple get pregnant. I've spent the past 7 years trying not to get pregnant but at one point I know I'll be ready to have a baby. If at that point I'm unable to, then I'll be grateful to have access to programs, technologies and willing young ladies with eggs that will help me achieve this.

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? I currently do not practice religion, but I don't believe that science can explain everything.

Do you have any ethical, moral or religious reservations about being an egg donor? None, whatsoever.

What are your personal goals? Have you achieved any of these goals? Many of my goals are career related. The one that I'm focusing on most right now is getting back to China for work. I'm hoping that by participating in this program I'll be able to save up enough money to do so with a little financial security.

What do you see yourself doing in the next 5-10 years? I envision myself travelling back to China for work, enrolling in business school and then hopefully meeting my future husband sometime in between.

What would you like your recipient couple to know about you that has not already been asked? I have a great sense of adventure, am very independent and have always excelled at teaching myself new skills.

What is your favorite color? Red

Favorite type of food? Japanese

Favorite movie? The Duchess

Favorite type of music? It's a tie: Rock Music and Hip Hop

Favorite Book? Pride & Prejudice

Would you be willing to donate to gay or single prospective parents? Yes Please specify: If they want to raise a child and are responsible, then I see no reason why they shouldn't be able to try.

Would you be willing to meet a child conceived as the result of your donation? No. Please elaborate: I don't think it's my place to do so.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?  
I wouldn't like to meet, but I don't mind them knowing my first name

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

I believe that aborting a fetus due to an anomaly is acceptable and even sometimes necessary. I can't imagine it being an easy choice, but I think that it would be extremely difficult to raise a child with severe handicaps.

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?

As long as my anonymity remains intact, I would be okay with this and would sign a consent form.

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?

As long as my anonymity remains intact, I would sign a consent permitting medical and 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 the outcome in the case they were donated to another couple.

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

I'm okay with this.

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

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							
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia					PGF		
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema					PGM		smoker
D. tuberculosis							
E. lung cancer							
F. pneumonia					PGM		Diagnosed right before death
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							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin	X			X			My sister and I were born with Psoriasis on our scalps but it went away with age
<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>	
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 person known 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 consecutive 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 preceding 12 months?	<b>Yes</b>	<b>No</b>
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Have you ever been diagnosed with hepatitis?	<b>Yes</b>	<b>No</b>
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	<b>Yes</b>	<b>No</b>
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Have you ever been diagnosed with or suspected to have West Nile Virus?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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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?	<b>Yes</b>	<b>No</b>	<b>if so, who?</b>
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	<b>Yes</b>	<b>No</b>
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Do you have a history of changes in cognition, speech or gait?	<b>Yes</b>	<b>No</b>
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Have you ever received a blood transfusion?	<b>Yes</b>	<b>No</b>	<b>if so, where?</b>
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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?	<b>Yes</b>	<b>No</b>
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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?

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**Yes**   **No**

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From 1980 to present, have you spent time that adds up to 5 years or more in Europe?

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**Yes**   **No**   if so, where?

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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?

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**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?

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**Yes**   **No**

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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?

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**Yes**   **No**

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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

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**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?

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**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?

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**Yes**   **No**

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

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**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: 12.14.210

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: 12.14.2010

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

Date: \_\_\_\_\_