

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

**Donor Number: 0313** (For Agency Use Only)

Today's Date: August 21, 2010

Date of Birth: 12/26/80

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

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

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

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

Address: \_\_\_\_\_ City: Placerville State: CA 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? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Have you signed a contract with any other clinic or agency? \_\_\_\_\_ If so, please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:  
\_\_\_\_\_

How soon are you able to begin your donation? ASAP

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

Relationship husband 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: \_\_\_\_\_

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: **30**      Height: **5ft 6 in**      Weight: **147lbs**      **Measurements:** Bust **36inch**      Hips \_\_\_\_\_      Waist \_\_\_\_\_

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) **Portuguese, Greek, German,** \_\_\_\_\_

Mother's Side: **Greek, German** \_\_\_\_\_

Father's Side: **Portuguese, American indian** \_\_\_\_\_

Blood Type: **B+** (+ or -)      Place of Birth: **Concord, California** \_\_\_\_\_

What celebrity do people most commonly say you look like? \_\_\_\_\_

**\*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 black red  
\*Shade light dark  
\*Type straight curly  
\*Fullness thin thick  
\*Texture fine 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  
\*Freckles none 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? 11 years Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? about 28 How long do they last? 5

Do you experience cramps? None Mild Average Severe

Method of birth control? Nuva ring 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? No

## LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
<u>2003</u>	<u>Vaginal</u>				
<u>2005</u>	<u>Vaginal</u>				
<u>2010</u>	<u>c-section</u>				
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? \$7000 (1<sup>st</sup> time donors \$5,000)

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

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? YES If yes, what is the hourly rate? \$15 X 2 kids

During travel assignments, will you: ( X ) 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. One C-section

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? N/A # of years N/A # 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? N/A week? N/A month? N/A

Do you have any allergies to drugs or environmental exposures? N/A Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: N/A

Do you have any medical illnesses (diabetes, asthma, etc...)? N/A 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? 8+ year

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 \_\_\_\_\_

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

Nuva Ring

**\*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: 3.8)

Currently in College pursuing a degree in: Phlebotomy and Lab Tech

Completed College with degree in: \_\_\_\_\_

Currently pursuing advanced degree in: \_\_\_\_\_

Completed advance degree in: Social Work

Vocational/Trade School: EMT, Medical Assistant, Phlebotomy

Test Scores: SAT's: 1800

ACT's: \_\_\_\_\_

College GPA: 3.6

Please list names and year of all colleges attended:

College

Year

1. American river college \_\_\_\_\_ 1999/2000

2. University of phoenix \_\_\_\_\_ 2004/2005

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: What I have been able to do for others

Currently I have a career in: Currently I stay home with my children. Was a medical assistant & I also did social work

I have been in this profession for 2 days/mos/years for MA 3 years social work

\*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: Swimming, Running, working out, Horseback riding

Have you excelled in any physical activities? Swimming, water polo, and soft ball

Manual Dexterity: Dexterous Average Clumsy

When I was younger I was very flexibal have lost a bit of it as I got older and stopped dancing and playing sports so now

I would say average but when I was younger I would say Dexterous.

I would describe my diet as: Healthy

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

Do you show artistic or musical ability? \_\_\_\_\_ If yes please explain: I played the violin as a child up through my early teen years

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	BROWN	BLUE	5ft 6in		56		
Father	BLACK	Dark Brown	5ft 10in		60		
Brother: 1.	BROWN	Dark Brown	5ft 11in				Murder
2.							
Sister: 1.							
2.							
Maternal Grandmother	BROWN	BROWN	5ft 6in		80		
Maternal Grandfather	BROWN	BROWN	5ft 11in		85		
Paternal Grandmother	BROWN	BROWN	5ft4in		81		
Paternal Grandfather	BLACK	Dark Brown	6ft			76	Brain Cancer at 76 years old
Children: (If Any)							
1.	BROWN	BROWN					
2.	DK Blond	BLUE					
3.							
4.							

Are you adopted? No  
multiple births in the family? No

If yes, do you have access to your biological health history? \_\_\_\_\_ Twins or  
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) \_\_\_\_\_  
Thalassemia (Greek/Italian) No  
Tay-Sach's (Jewish) \_\_\_\_\_  
Fragile X \_\_\_\_\_  
Spinal Muscular Atrophy \_\_\_\_\_

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

How would you describe your personality and temperament? I tend to be an easy going person who is outgoing and caring sensitive and kind. On the other hand I am Independent and like to do thing on my own, original, I tend to be analytical I analyze situations before making big decisions , I can be very determined if I set my mind to achieving something I give it my all. I tend to put the needs of others over my own needs.

What is your philosophy of life? "Some people come into our lives and quickly go. Others stay awhile, make footprints on our hearts and we are never, ever the same." So take a moment and get to know others for who they are. And enjoy every moment you get.

What qualities and characteristics would you hope the recipient parents possess? Great communication, Genuinely considerate of others, Patient and understanding, & Honesty. I would also like for them to posses strong family values.

How does it make you feel at the possibility of their offspring knowing about the donation? I think that is a decision that the Ip's need to decide and if they feel their child should know the story of their amazing journey than I would be honored to be a part of the amazing story.

How would you describe your childhood? A happy one I spent most of my time outdoors. I loved riding dirt bikes I started riding at 5 years old. I enjoyed climbing trees. Playing soft ball and roller skating .I was a jazz and hip hop dancer for most of my childhood into my teen years. We spent a lot of our time at my father's cabin on the lake where I would water ski and wake board.

What is the earliest memory you hold as a child? \_\_\_\_\_

What was it like growing up in your family? My family has always been very family oriented and we spent a lot of time and holidays with our extended family.

What religion did you belong to as a child? Non-religious

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

My favorite thing to do was: Ride dirt bikes and play soft ball

At home I was expected to: Clean my room, help with dishes, and mow the lawn

My parents were strict about: Respecting others

My parents taught me to value: Everything you have especially family

What I loved most about my father was: Always there for me no matter what

What I loved most about my mother was: Providing unconditional love

My favorite relatives were: My Aunt Brenda and my cousins

I loved to visit: My dad's cabin

In comparison to others I was: A bit of a tomboy

### **Your Teenage Years:**

Describe yourself as a teenager: Active I played water polo and was a swimmer I also raised Guide dogs for the blind kept very busy.\_

Describe your achievements: \_\_\_\_\_

Did you do poorly at anything? Not really

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? I hope to be able to help a family become whole. I know without my children I would feel empty. I want to know that in my life I have been able to help people. I feel that is what I am here for.

What message would you like passed on to the recipient of your eggs/their offspring? I am honored that you are considering letting me be a part of your priceless journey. I could not have imagined I would be able to experience such a wonderful gift giving opportunity in my life time. However it has now become a reality and I won't nothing more than to be able to help wonderful deserving people experience the unconditional love of an innocent child that looks to you for

their every need and will love you unconditionally. To be able to give someone the opportunity to feel the joys that come along with parenting is the biggest honor I could ever hope to experience. Thank you for considering me to share in this dream of yours.

What helped you decide to become an egg donor? I have spent most of my life helping others. I have been a foster parent for over 8 years and have been blessed to share in the lives of some of the strongest most amazing children ever. They have taught me to treasure every day of my life while taking nothing for granted and to look at the positive in all situations. They also taught me if you have the ability to help others than you need to. If everyone just sits back waiting for someone else to step up and help than nothing would ever be achieved no dreams would ever become reality. After sharing in those lives of multiple children searching for a person to love them unconditionally then experiencing the other side and meeting people who wanted nothing more than to have a child of their own, I just could not sit back when I am fully able to help wonderful people have that child they long for. After a lot of consideration I have decided to become an egg donor. I want to help Ips become Parents instead of intended parents. We all have a purpose here and I have come to know that mine is to touch others lives in the best way I can.

Do you consider yourself a reliable person? Yes, very reliable

Do you consider yourself a punctual person? Yes, although with children it has been a little more challenging to keep it that way. ☺

Would you describe yourself as a religious or spiritual person? Not necessarily religious, however, I do have beliefs.

Do you have any ethical, moral or religious reservations about being an egg donor? No none at all

What are your personal goals? Have you achieved any of these goals? To complete my phlebotomy program so I can travel to foreign countries. I also would like to sky dive before the year is over :) In the process to complete will be done in December of 2010.

What do you see yourself doing in the next 5-10 years? I plan to travel with a medical group and the Red Cross to other countries offering aid to others.

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

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What is your favorite color? Blue

Favorite type of food? I like all types of food. I enjoy trying new things, however, I do not like sushi

Favorite movie? I always enjoy a good suspense movie on the other hand I would never turn down a night curling up on the couch and watching a good chick flick with a box of tissue. I loved my sisters keeper!

Favorite type of music? country and light rock

Favorite Book? I love all educational books

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

Would you be willing to meet a child conceived as the result of your donation? YES Please elaborate: only if the parents were okay with that decision.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? I am comfortable with whatever the parent would like this is there journey I would wan them comfortable in every way.

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

I fully believe this is the IP's decision. This is their child and they have to be comfortable with whatever outcome there may be. They have to make that decision, only they know what they can handle in their own lives.

How do you fee 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?

Once the eggs have been donated, they have the right to do what they feel is right. If they choose to help another couple I feel that would be very generous thing to do and I would fully assist in any way necessary.

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?

Once the eggs have been donated they are the Ips to do what they feel is right.

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?

Once the eggs have been donated they are the Ips to do what they feel is right.

This is fully up the couple to use whatever means necessary to complete their family. I will fully support whatever they need to do to achieve their dream

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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				X			My brother
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							

	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					X		Grandmother got at 78 in her wrist
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							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above					X		My grandfather got brain cancer at 76 years old
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**

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?

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?

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**

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**

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?

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?

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

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**Yes** **No**

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

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**Yes** **No**

(Cont'd)

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	Yes	No	
<hr/>			
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	
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Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No	
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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: \_\_August 21,2010\_\_\_\_\_

I \_\_\_\_\_ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: \_\_\_\_\_

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

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

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