

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

Donor Number: 0294 (For Agency Use Only)

Today's Date: 3/2/10

Date of Birth: 8/24/89

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

Full Legal Name and any aliases:

Social Security #: _____ Insurance Co: The Empire Plan

Address: _____ City: Vestal 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? Yes If yes, please explain in detail:

I don't turn 21 for another 5 months and you have to be 21 for that particular program.

How soon are you able to begin your donation? May 2010

Who may we contact in case of an emergency?

Relationship Friend 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: The Empire Plan 890573678

Are you willing to travel for an egg donation? Yes No Possibly if: If I really like the IPs. I'd prefer to say in or around NY but am willing to look at other IPs

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: 22 Height: 5'7 Weight: 135 Measurements: Bust 35 Hips 38.5 Waist 28.5

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Italian, Austrian, Hungarian, Danish, Lithuanian, German

Mother's Side: Italian

Father's Side: Austrian, Hungarian, Danish, Lithuanian, German

Blood Type: AB+ (+ or -) Place of Birth: Bethpage, NY

What celebrity do people most commonly say you look like? Colie from Real World Denver and Megan Fox although I don't think I look that similar to any celebrity.

***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	20/30 w/o glasses	
	*Glasses	none	single	bifocal		
	*Astigmatism	yes	no	age diagnosed _____		
Dental:	*Device	none	braces	retainer	other	_____
	*Reason	cosmetic	accident	disease	other	_____
	*Age during use 11 to 12 years of age					

REPRODUCTIVE HISTORY

Age at first period? 11 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28 days How long do they last? 7 days

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

Method of birth control? Pills and Condom but am not currently active 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? \$5000 (1st time donors \$5,000)

What is the least amount you would consider? Any amount is negotiable

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? No If yes, what is the hourly rate? _____ X _____ kids

MEDICAL HISTORY

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

1. 1/09 Laparoscopy to remove endometriosis. Have not had a recurrence since.

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? No If so, What? _____

Do you drink alcohol? Rarely if ever If yes, how many drinks per: day? _____ week? _____ month?
3x/year

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: _____

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? No If yes, is it a monogamous relationship? Yes 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?

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. Treated with laparoscopy for endometriosis. Ultrasound every 4-6 months since then have confirmed that it has not come back.

Please list all prescription or over the counter medications including dosage you are currently taking: LoEstrin24Fe

***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: 4.0)
Currently in College pursuing a degree in: _____
Completed College with degree in: Bachelors in Nursing
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: 1300/1600 1940/2400 ACT's: 29 College GPA: 3.24

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>Binghamton University</u>	<u>2007-2011</u>
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Dean's List Fall 2009

As an adult I am most proud of: All of my accomplishments regarding school and my travel experiences around the world

Currently I have a career in: Student

I have been in this profession for _____ days/mos/years

*I have flexibility in my current profession: Yes No N/A

Languages: Speak: English
 Read: English
 Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: Gymnastics

Have you excelled in any physical activities? Everyone in my family has always excelled at racket sports like badminton, tennis etc.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Normal, I am trying to eat better by eating more whole wheat and fruits. I rarely eat meat but I'm not a vegetarian

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	5'11 Around 170	Olive	55		
Father	Light Brown/Dirty Blonde	Blue	5'7 Around 160	Fair	62		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Blonde	Green	5'7 125	Olive	25		
2.							
Maternal Grandmother	Brown	Brown	5'4	Olive	83		
Maternal Grandfather	Black	Brown	6'2	Olive		73	Necrosis due to infection
Paternal Grandmother							Stroke, not sure of the age. I don't know a lot about my dad's parents
Paternal Grandfather							Heart Attack
Children: (If Any) 1.							
2.							

Are you adopted? No If yes, do you have access to your biological health history? _____

Twins or multiple births in the family? None 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) _____
Thalassemia (Greek/Italian) No
Tay-Sach's (Jewish) _____
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'm a very easy going person. People would also describe me as caring and witty. I just love to make people laugh and smile.

What is your philosophy of life? Life goes on. No matter what happens there is always a new day tomorrow

What qualities and characteristics would you hope the recipient parents possess? I just want them to have a unconditional love for their children.

How does it make you feel at the possibility of their offspring knowing about the donation? I feel that they know their children best and whether or not they choose to tell their children about the donation is the right decision.

How would you describe your childhood? I was a very happy child. My family and I were always so happy together and we did everything together

What is the earliest memory you hold as a child? I remember getting my first toddler bed when I was about 3 years old

What was it like growing up in your family? It was amazing. They loved both me and my sister so much. We went everywhere together. I loved going on family vacations

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: Play sports

At home I was expected to: Clean and set the table and clean my room.

My parents were strict about: Dating and boys.

My parents taught me to value: Family because sometimes it's all you have.

What I loved most about my father was: that he wanted me to be just like him

What I loved most about my mother was: that no matter how many times I screwed up she was always there for me

My favorite relatives were: My grandma and Aunt

I loved to visit: California and my relatives there with my family

In comparison to others I was: a little quiet but always opened up eventually.

Your Teenage Years:

Describe yourself as a teenager: I wasn't the typical high schooler. I didn't drink like a lot of my peers or party. I just liked to go to the mall or movies and hang out with my friends

Describe your achievements: I did very well in school. I was ranked in the top 5% of my high school class. I was captain of the Mathletes team for 2 years. I received a 1300 on my SATs, 690 in math and 610 in Verbal.

Did you do poorly at anything? I was never really great at English but I still got A's in honors and AP English classes.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No problems. I was a pretty average teen

What do you hope to achieve by volunteering in an egg donor program? I just want to help someone in need of a baby. My cousin and his wife are having trouble conceiving due to low progesterone levels and since I can't give to them I want to pay it forward to someone else.

What message would you like passed on to the recipient of your eggs/their offspring? I just want them to know that I did this because becoming a mom is something that everyone should experience if they want to.

What helped you decide to become an egg donor? My cousin and his wife are having fertility problems.

Do you consider yourself a reliable person? Definitely. I never cancel on people. I always keep my word.

Do you consider yourself a punctual person? I'm always on time or early

Would you describe yourself as a religious or spiritual person? I'm religious in my own way. I don't go to church but I still pray and I still believe in God.

Do you have any ethical, moral or religious reservations about being an egg donor? Nope. I just want them to be good people

What are your personal goals? Have you achieved any of these goals? I want to graduate college and become an L&D nurse. I should hopefully be achieving this in the next year.

What do you see yourself doing in the next 5-10 years? I see myself being a nurse or a nurse practitioner and hopefully be engaged or have a husband and 1 or 2 children.

What would you like your recipient couple to know about you that has not already been asked? Nothing at this time.

What is your favorite color? Turquoise

Favorite type of food? Anything Mexican

Favorite movie? Stand By Me and My Girl

Favorite type of music? Top 40 and 90s rock

Favorite Book? A Prayer for Owen Meany

Would you be willing to donate to gay or single prospective parents? Yes Please specify: A good parent isn't defined by sexuality or marital status.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If that is the parent's wish then I would be willing to in a controlled setting.

Would you be interested in possibly meeting the prospective parents? Yes if they wished to I would be willing to meet them in a controlled setting.

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

It's not for myself but I wouldn't condemn someone else for doing it. It's their body and their choice.

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?

Yes the more people I can help the better. I would like to know if this happened though.

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 rather them be donated to research or donated to another infertile couple rather than discarded. I would sign a consent though.

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?

Out of sight, out of mind. To be honest I don't really think that I would think about it much.

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

Whatever they think is best for them is fine with me.

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					X		Lifestyle choices
B. heart attack			X		X		Lifestyle choices, smoking and not eating healthy
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							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
SIGHT/SOUND/SMELL							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

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

hepatitis?

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure withhin the preceeding 12 months?	Yes	No
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Have you ever been diagnosed with hepatitis?	Yes	No
--	------------	-----------

Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	Yes	No
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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?
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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, Gibralter or Falkland Islands?	Yes	No
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(Cont'd)

Were you a member of the US military, civilian military, Employee or a dependent of a member of the military Stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?

Yes **No**

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

Yes **No** **if so, where?**

Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?

Yes **No** **If so, when?**

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

Yes **No**

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

Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves Being exposed to live cells, tissues or organs from an animal?

Yes **No** **if so, who?**

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

Yes **No**

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

Yes **No**

(Cont'd)

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
---	------------	-----------

Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	Yes	No
--	------------	-----------

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

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: _____