

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

**Donor Number: 0330** (For Agency Use Only)

Today's Date: 05/17/2011

Date of Birth: 07/01/1991

How did you hear of An Eggceptional Match? (If website, pls. specify): Albrecht Women's Care

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

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

Social Security #: \_\_\_\_\_ Insurance Co: Rocky Mtn. Health Care Plan

Address: \_\_\_\_\_ City: Fleming State: CO Zip: \_\_\_\_\_

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

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

Are email communications permissible? yes 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? Anytime

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: Need to work around school schedule.

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: 20    Height: 5'3"    Weight: 115    **Measurements:** Bust 34"    Hips 32"    Waist 28"

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

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

Mother's Side: Caucasian, Filipino

Father's Side: German, Caucasian

Blood Type: A+ (+ or -)      Place of Birth: Fort Morgan, CO

What celebrity do people most commonly say you look like? I don't know ?

**\*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

<b>Hands:</b>		right-handed	left-handed	<u>ambidextrous</u>		
<b>Eyes:</b>	*Color	<u>brown</u>	hazel	green	blue	
	*Set	narrow	<u>average</u>	wide		
	*Size	small	<u>average</u>	large		
	*Shape	round	oval	<u>almond</u>		
	*Shade	light	medium	<u>dark</u>		
<b>Hair:</b>	*Natural Color	blond	brown	<u>black</u>	red	other _____
	*Color as child	blond	<u>brown</u>	black	red	
	*Shade	light	medium	<u>dark</u>		
	*Type	straight	<u>wavy</u>	curly		
	*Fullness	thin	medium	<u>thick</u>		
	*Texture	fine	<u>medium</u>	course		
<b>Nose:</b>	*Size	<u>small</u>	medium	large		
	*Width	narrow	<u>average</u>	wide		
	*length	short	<u>average</u>	wide		
	*Nostril Flare	small	<u>average</u>	wide		
<b>Cheekbones:</b>	*Set	low	<u>average</u>	high		
	*Prominence	slight	<u>medium</u>	strong		
<b>Mouth:</b>	*Size	<u>small</u>	average	large		
	*Lips	thin	<u>average</u>	full		
<b>Chin:</b>	*Shape	square	<u>oval</u>	round		
	*Prominence	slight	average	<u>strong</u>		
	*Cleft	<u>none</u>	slight	medium		
<b>Skin:</b>	*Tone	light	med-light	medium	<u>med-dark</u>	dark <u>olive</u>
	*Tan Ability	none	slight	medium	<u>easy</u>	
	*Condition	<u>normal</u>	dry	oily	medium	combination
	*Acne	<u>none</u>	slight	medium	severe	at what age _____
<b>Other Facial Features:</b>	*Moles	<u>none</u>	one	several	numerous	
	*Freckles	<u>none</u>	several	moderate	numerous	
	*Dimples	<u>none</u>	slight	medium	deep	
<b>Eyesight:</b>	*Vision	<u>normal</u>	far-sighted	near-sighted		
	*Glasses	<u>none</u>	single	bifocal		
	*Astigmatism	yes	<u>no</u>	age diagnosed _____		
<b>Dental:</b>	*Device	none	<u>braces</u>	retainer	other _____	
	*Reason	<u>cosmetic</u>	accident	disease	other _____	
	*Age during use <u>15</u> to <u>17</u> years of age					

## REPRODUCTIVE HISTORY

Age at first period? 13 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 28 days How long do they last? 4 days

Do you experience cramps? None Mild Average Severe

Method of birth control? condoms If none, in the past? none

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? no If yes, what is the hourly rate? \_\_\_\_\_ 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? X Yes \_\_\_\_ No

## MEDICAL HISTORY

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

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

Have you had a blood transfusion in the last 12 months? no

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

Any hospitalizations not mentioned above? yes If yes, please explain: car accident in 1997

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? no If so, What? \_\_\_\_\_

Do you drink alcohol? yes If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? 2-3

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

Describe any childhood allergies that you have outgrown: I have never had really bad allergies and I cannot think of any that I might have outgrown.

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? yes If yes, for how long? 1 year 10 months

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: The only thing I really take is ibuprofen. When I take it, I usually take 400 milligrams. I don't like taking any medicine which is why I don't unless I absolutely have to.

**\*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: BS in Psychology

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

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

Completed advance degree in: \_\_\_\_\_

Vocational/Trade School: \_\_\_\_\_

Planning: PhD in Psychology and Masters in Nursing

Test Scores: SAT's: \_\_\_\_\_

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

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

Please list names and year of all colleges attended:

College

Year

1. Northeastern College

What was your favorite subject in school? Math, Spanish, English, Biology You're least favorite? Literature

Dean's List or Honor Roll? yes

As an adult I am most proud of: Everything I have accomplished so far in my life.

Currently I have a career in: Cosmetology

I have been in this profession for 2 years days/mos/years

\*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: running, any type of sport, riding, swimming

Have you excelled in any physical activities? Yes, I ran varsity cross country in high school and was going to play college volleyball, but my class schedule would not allow it. This fall I am hoping to get on the softball team at the college I am currently attending.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: I would say my diet is pretty healthy. I love fruits and vegetables, so I eat a lot of them.

Other skills or talents? I am told I am a really good cook.

Do you show artistic or musical ability? yes If yes please explain: I play and am still in lessons for both piano and guitar. I occasionally sing as well.

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Black	Brown	5'7" 160	Med-dark	38		
Father	Brown	Hazel	5'11" 215	Med-Light	40		
Brother: 1.	Black	Brown	6'3" 190	Med-dark	22		
2.	Brown	Brown	5'3" 130	Med-light	13		
3.	Brown	Brown	4'11"	Med-light	12		
4.							
Sister: 1.	Brown	Brown	5'8" 160	Med-light	16		
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'7" 200	Light		69	Breast cancer at 55 / smoker for many years and did not have the healthiest diet in her younger years. Removed lump and was in remission for 14 years before she passed from poor lifestyle.
Maternal Grandfather							
Paternal Grandmother	Blonde	Blue	5'5" 200	Light	58		
Paternal Grandfather	Blonde	blue	5'8" 185	Light	58		
Children: (If Any) 1.							

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? \_\_\_\_\_

How would you describe your personality and temperament? I am both stubborn and strong willed, but I also am a very strong and independent woman that accomplishes whatever I put my mind to. I am very reliable and trustworthy. There is not a lot of gray area with me; I see things as either wrong or right. I know what I believe and no one but me will change that. I do not expect, nor do I want anything handed to me. I work hard for what I want and get and eventually achieve my goal. I am very dedicated and motivated.

What is your philosophy of life? I believe that in order to be happy, you need to have some fun and enjoy yourself and the people in your life, but like with anything there definitely needs to be a balance.

What qualities and characteristics would you hope the recipient parents possess? I hope the recipient parents will do whatever it takes to meet the needs of their child and love their child no matter what they like or decide to do.

How does it make you feel at the possibility of their offspring knowing about the donation? If the parents feel it is what their child needs then so be it. I don't feel that the choice is up to me, but either way is fine with me.

How would you describe your childhood? My childhood was pretty normal I think. I grew up with four brothers and sisters so we learned to share real fast. I did not really appreciate having so many siblings until I got older. I never wished that I didn't have them, but now that I am older and see things differently I am extremely grateful for a big family.

What is the earliest memory you hold as a child? I remember gathering change with my Mamma, who passed away a year and a half ago, from the parking lot of the hotel she worked at. After we gathered the change, she would walk us down to 7-11 to get some snacks. Obviously we did not collect enough money to buy much, but we were young enough and my Mamma was such a great grandmother that she let us believe it and just bought us the goodies we wanted.

What was it like growing up in your family? As I previously stated, I grew up in a big family. I was the second oldest of the five children and the oldest girl. I helped take care of my younger siblings being anything from cooking dinner, helping them with their homework or taking them to school. Growing up in a big family has really helped me and made me to be the person I am today. I loved growing up and having a big family. I would not wish it any other way and my family just keeps growing.

What religion did you belong to as a child? [Christian](#)

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

My favorite thing to do was: [play sports, family barbecues or gatherings](#)

At home I was expected to: [do my regular chores and help care for my younger siblings](#)

My parents were strict about: [I don't know where to begin!](#)

My parents taught me to value: [family, friends, and my own personal morals](#)

What I loved most about my father was: [How hard he worked and never once complained about it. My father had to support five kids, a wife, and himself, not including all the animals and personal activities all of us had. He worked very hard and never once complained about it, nor did he ask anything in return. Even though he worked a lot, he still made it to all of our school functions, games, and recreational events. My father is the reason I have the work ethic I do today.](#)

What I loved most about my mother was: [I am a very strong individual because of the type of person my mother is.](#)

My favorite relatives were: [My husband and all four of my siblings, but I love all of my family.](#)

I loved to visit: [I like going to the mountains and the lake during the summertime. I also really love the going to the beach.](#)

In comparison to others I was: [I have always been mature for my age. Many people have told me that all throughout my life. I have always known what I wanted and I went after it.](#)

### **Your Teenage Years:**

Describe yourself as a teenager: [I was very motivated and knew what I wanted from a very young age. I was who I wanted to be and did not change that because some people did not like me. I never partied or did anything close to it. All my spare time was taken up by sporting events. I was on the honor roll and excelled in the sports I played.](#)

Describe your achievements: [In every school I attended I was on the honor roll and played varsity sports. I have played almost every sport offered in the area that I live in. I was a fourteen year old sophomore playing and competing on a high school varsity level. I went to state for some of the sports I played and have won many awards for others. As I previously stated, sports are and were important to me and took up most of my time. In addition to my athletic awards, I have won and earned many academic awards as well.](#)

Did you do poorly at anything? [I tried my hardest to excel in everything I do or did because I do not accept failure in myself.](#)

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? [No, school always came easy for me so I never struggled academically and I always had great friends to spend my time with.](#)

What do you hope to achieve by volunteering in an egg donor program? [I hope to help a couple have a baby that they were unable to conceive on their own.](#)

What message would you like passed on to the recipient of your eggs/their offspring? I am thrilled that I could help you to have a child you were unable to conceive on your own. I wish you and your family the best and I hope you all are extremely happy together.

What helped you decide to become an egg donor? I want to help give a couple a child that they have always wanted, but could not have on their own. I see how heartbroken some couples are when they find out they will not be able to conceive their own child and I want to help them.

Do you consider yourself a reliable person? Yes, I do not like being let down so I try my hardest to not let down others.

Do you consider yourself a punctual person? Yes!

Would you describe yourself as a religious or spiritual person? Yes!

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? I am a double major in college right now and will be starting into my BS in Psychology this summer and the nursing program in the fall. Career wise my goals are to get my PhD in Psychology and Masters in Nursing. My personal goals are to one day settle down and have children and a family of my own.

What do you see yourself doing in the next 5-10 years? In the next few years I see myself being a stay at home mom taking care of my children. I love the careers I am pursuing, but they will be nowhere near as important to me as my family.

What would you like your recipient couple to know about you that has not already been asked? I skipped the 6<sup>th</sup> and 8<sup>th</sup> grade, allowing me to graduate high school at sixteen. I tested out of both the grades. I started college a month after I turned seventeen. I chose to take cosmetology first so I would have a reliable and flexible job through the rest of my schooling, which I am now completing. I got married when I was eighteen. I am now almost twenty years old and I have been happily married for almost two years. I just recently finished my third year of college and I will be starting into a bachelors program this summer for one of my majors. I know I am young, but I also know that I am way ahead of most people my age.

What is your favorite color? green/purple

Favorite type of food? Chinese, Mexican, and some Italian. I do not really have one favorite type of food. I like a lot of foods depending on the mood I am in.

Favorite movie? I don't really have one. I do enjoy action or comedies though. I hate movies with sad endings because I think that movies should make you feel good. I know it is reality, but you get enough of that living your everyday life so why watch something that will make you feel bad when you can watch something that will make you laugh.

Favorite type of music? Country is my favorite, but I listen to a little bit of everything.

Favorite Book? I like nonfiction books because I like reading about things that have and could actually happen.

Would you be willing to donate to gay or single prospective parents? No Please specify: I prefer my eggs go to a heterosexual two parent family.

Would you be willing to meet a child conceived as the result of your donation? no Please elaborate: As of right now I do not wish to see a child conceived as a result of my donation. However, I am not sure whether I would want to or not given I was put in the situation.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes, I would be okay with that if that is what the prospective parents desire

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

I believe abortion is wrong.

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, I would. I do not believe that anyone who wants a baby should not be allowed to have one because they do not have the money or the ability to conceive a child of their own.

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 be more comfortable with them just being discarded if the prospective parents did not need the remaining eggs. I would sign a consent form for the destruction of the remaining embryos.

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 like to know what the prospective parents decide to do

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

I think that the choice is completely up to the prospective parents because it will be there child, not mine

Is there a message you would like to leave for your prospective parents? If you have any additional questions or would like to know anything else, I will do my best to answer them. I understand you wanting to know as much as you can about my medical history which is why I will do my best to give you the answers you are looking for. I hope that I can be the person who helps you to have the family you have always wanted.

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					X		
1. from birth							
2. lifestyle					X		
D. hardening of the arteries							
E. high blood pressure					X		
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				X			
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					X		
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		
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			X	X			
B. eczema							
C. skin cancer						X	P-aunt- light skinned had skin cancer before but is fine. She is the only one in the family who has.
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer					X		MGM
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 hepatitis?	Yes	No	

**(Cont'd)**

Have you acquired a tattoo or other skin piercing procedure within the preceding 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?**

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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**



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 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	
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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?	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: \_\_\_\_\_

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: \_\_\_\_\_