

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

Donor Number: 0348 (For Agency Use Only)

Today's Date: 2/29/2012

Date of Birth: 04/12/1981

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

I am interested in an: No Preference

Full Legal Name and any aliases:

Social Security #: Insurance Co: No Insurance

Address: City: Denver State: CO Zip: 80207

Home Phone: Work Phone:

May we leave a voicemail message at: Cell

Are email communications permissible?

I check my email: all day

Are text messages permissible and if so at what telephone numbers?

Are you currently listed with any other clinics or agencies? No

Have you signed a contract with any other clinic or agency? No

Have you ever been denied entry into another egg donor program? No

How soon are you able to begin your donation? _Immediately

Who may we contact in case of an emergency?

Relationship: Ph:

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

Are you: Married

Are you a U.S. Citizen? Yes

Do you have medical insurance? No

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

Are you willing to travel for an egg donation? No

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

Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No

PHYSICAL CHARACTERISTICS

Age: 31 Height: 5'5 Weight: 110 Measurements: Bust: 32 Hips 34 Waist 26

Race: Caucasian

Ethnicity: White – 100% German

Blood Type: _____ (+ or -) Place of Birth: Mission Viejo, CA

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

Hands: right-handed

Eyes: *Color blue
 *Set average
 *Size average
 *Shape round
 *Shade medium

Hair: *Natural Color blonde
 *Color as child blonde
 *Shade dark
 *Type straight
 *Fullness medium
 *Texture fine

Nose: *Size small
 *Width average
 *length average
 *Nostril Flare average

Cheekbones: *Set average
 *Prominence slight

Mouth: *Size average
 *Lips full

Chin: *Shape round
 *Prominence average
 *Cleft none

Skin: *Tone med-light
 *Tan Ability medium
 *Condition normal
 *Acne none

Other Facial Features: *Moles one
 *Freckles none
 *Dimples none

Eyesight: *Vision near-sighted
 *Glasses none - Lasik
 *Astigmatism no

Dental: *Device braces
 *Reason cosmetic

REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 31 days? How long do they last? 3-4 days

Do you experience cramps? average

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

Have you ever been pregnant? 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
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? N/A

DONATION HISTORY

Have you ever donated your eggs before? no

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
5/2013	Pending	Pending	Pending	Pending

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

What is the least amount you would consider? 5,000

Will you require missed wages from work? yes

If yes, what is your hourly wage? \$?, I make 16% gross profits for my company

How many hours per week do you work? 60-70

Will you require childcare reimbursement? no

During travel assignments: Drive yourself to the airport and require parking reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? yes

MEDICAL HISTORY

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

1. Breast Implants, 2004 ?

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

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

*Do you smoke cigarettes? no

Do you now or have you ever taken recreational drugs? no

Do you drink alcohol? yes If yes, how many drinks per: week: 2

Do you have any allergies to drugs or environmental exposures? no

Describe any childhood allergies that you have outgrown: no

Do you have any medical illnesses (diabetes, asthma, etc...)? no

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods? No

Have you been sexually active in the past 6 months? yes

Are you currently sexually active? yes If yes, is it a monogamous relationship? yes If yes, for how long? 1 year

Have you or your partner ever had a sexually transmitted disease (trichomoniasis, chlamydia, syphilis, condyloma, gonorrhea, herpes)? 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: none

***To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

EDUCATION

Highest Level of Education Completed: GED

Vocational/Trade School: Surgical Technologists

Test Scores: SAT's: _____ ACT's: _____ College GPA: 4.0

Please list names and year of all colleges attended: College Year

1. Anthem College 2010

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

Dean's List or Honor Roll? yes

As an adult I am most proud of: Where am I in my life.

Currently I have a career in: Online Ticket Business

I have been in this profession for 10 years

*I have flexibility in my current profession: Yes

Languages: Speak: English

Read: English

Write: English

I consider myself: Athletic

Physical activities include: Yoga, lifting weights, cardio, running, hiking, bike riding

Have you excelled in any physical activities? no

Manual Dexterity: average

I would describe my diet as: healthy

Other skills or talents? mental strategies: i.e., poker, chess

Do you show artistic or musical ability? no

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'2	Olive	61		
Father	Blonde	Blue	5'11	light	63		
Brother: 1.	Light brown	blue	5'9	light	42		
2.	Dark	Blonde	Blue	5'10	Light	16	Murdered
Sister: 1.							
2.							
Maternal Grandmother	Brown	Hazel	Light			73	Aorta Aneurysm
Maternal Grandfather	Brown	Brown	Olive			45	Car Accident
Paternal Grandmother	Blonde	Blue	Light			81	Old Age (none specific)
Paternal Grandfather	Brown	Blue	Light	87			
Children: (If Any) 1.							
2.							
3.							
4.							

Are you adopted? no

Twins or multiple births in the family? no

Are there any known genetic diseases that run in your family? no

Has anyone in your family been born with a birth defect? no

Have you had a brother or sister die in infancy or early childhood? no

Have you ever been tested for:

Cystic Fibrosis (Caucasian) no

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

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? Easy Going

What is your philosophy of life? You get out of life what you put in it.

What qualities and characteristics would you hope the recipient parents possess? Patience

How does it make you feel at the possibility of their offspring knowing about the donation? I'm fine with that!

How would you describe your childhood? Great

What is the earliest memory you hold as a child? My dad walking in through the doors after work and me jumping in his arms.

What was it like growing up in your family? I was the youngest and only girl, so pretty dresses, pick tails and spoiled

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Climb trees, play with Barbies

At home I was expected to: clean up after myself

My parents were strict about: Things that I watched on TV

My parents taught me to value: Money

What I loved most about my father was: Good heart

What I loved most about my mother was: Her honesty

My favorite relatives were: Grandparents

In comparison to others I was: a good kid

Your Teenage Years:

Describe yourself as a teenager: Just trying to figure out who I was.

Did you do poorly at anything? no

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? none

What do you hope to achieve by volunteering in an egg donor program? An opportunity for a happy couple to give birth.

What message would you like passed on to the recipient of your eggs/their offspring? ?

What helped you decide to become an egg donor? The money is helpful but I also, want to know I did everything I could to help a couple start their family.

Do you consider yourself a reliable person? very

Do you consider yourself a punctual person? Most of the time

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? To be married in the next year, buy a house and start a family of my own

What do you see yourself doing in the next 5-10 years? Working to support my family

What would you like your recipient couple to know about you that has not already been asked? I was raised old fashioned with a hard working work ethic. I'm a go getter at everything I set my mind to.

What is your favorite color? Pink

Favorite type of food? Mexican & Italian

Favorite type of music? Dance, Hip-hop, Country

Favorite Book? Danielle Steele

Would you be willing to donate to gay or single prospective parents? yes

Would you be willing to meet a child conceived as the result of your donation? sure

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Maybe

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

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?
sure

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?
sure

Some clinics have their Prospective Parents sign away rights to any leftover embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?
Doesn't matter, I'm OK with it.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?
I'm ok with that

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							
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		mom					Graves DX
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
NEUROLOGICAL							
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							

<u>RISK FACTORS</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
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Have you ever been sexually active with a male who was gay or bisexual?	No		
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Have you ever injected drugs or had a sexual partner who did so?	No		
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Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	No		
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Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	No		
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Have you ever had sex in exchange for money or drugs?	No		
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Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	No		
--	----	--	--

Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	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?	No		
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Have you had an accidental needle stick within the past 12 months?	No		
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Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer? **No**

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis? **No**

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

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

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

Have you ever been diagnosed with or suspected to have West Nile Virus? **No**

Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis? **No**

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? **No**

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

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

Have you ever received a blood transfusion? **No**

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? **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? **No**

From 1980 to present, have you spent time that adds up to 5 years or more in Europe? **No**

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? **No**

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there? **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? **No**

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)? **No**

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?

No

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

No

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

No

Have you ever been excluded as a blood donor?

No

Have you been diagnosed or suspected to have Chagas' disease?

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?

No

Have you received a bite from an animal suspected for rabies within the last six months?

No

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: 2/9/2012

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: 2/9/2012

Witness to Signatures above:

Date: _____