

[An Eggceptional Match, LLC](http://www.donatedeggs.com)
www.donatedeggs.com

DONOR OOCYTE PERSONAL HISTORY FORM
(Incomplete applications will not be accepted)

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

Donor Number: #0117 (For Agency Use Only)

Today's Date: January 14, 2008

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

Name: Lori

Date of Birth: 4-10-1980

Social Security #: _____ Insurance Co: _____

Address: _____ City: Bakersfield State: ca Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: _____

I check my email: all day once a day several times a week rarely

Are you currently listed with any other clinics or agencies? _____y_____ If yes, whom? _____

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? Feb 2011

Who may we contact in case of an emergency?

Who may we contact in case your demographics change? _____Ph: _____

Are you (Pls. Circle): Married

Are you a U.S. Citizen? Yes

Do you have medical insurance? _____yes_____ Are you willing to travel for an egg donation? _____yes_____

Do you have any legal cases pending against you? no_____ Have you ever filed bankruptcy? _____no_____

Have you ever been convicted of a crime? no_____ If yes, please elaborate: _____

PHYSICAL CHARACTERISTICS

Age: _31_ Height: 5'8____ Weight: _160_ Measurements: Bust__36__ Hips ? Waist 34

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Spain, Lebanon, Italy, England, French

Mother's Side: _____spain_____ England

Father's Side: _____lebanon_____ French Irish

Blood Type: __A+__ (+ or -) Place of Birth: _____

What celebrity do people most commonly say you look like? _____

Please circle appropriate response:

Body Type/Bone Structure medium

Hands: right-handed

Eyes:	*Color	brown		
	*Set		average	wide
	*Size			average
	*Shape	round		large
	*Shade		medium	dark

Hair:	*Natural Color	brown		
	*Color as child		brown	
	*Shade		medium	
	*Type	wavy		
	*Fullness		thick	
	*Texture		medium	course

Nose:	*Size	medium		
	*Width	average		wide
	*length	average		wide
	*Nostril Flare	average		wide

Cheekbones:	*Set	average		
	*Prominence		medium	

Mouth:	*Size	average		
	*Lips	average		

Chin:	*Shape		round	
	*Prominence	average		

	*Cleft	none		
Skin:	*Tone		medium	med olive
	*Tan Abilit	easy		
	*Condition		medium	combination
	*Acne		slight	at what
age_____				
Other Facial Features:	*Moles	none		
	*Freckles	none	several	
	*Dimples	none		
Eyesight:	*Vision	normal		
	*Glasses	non		
	*Astigmatism		no	—
Dental:	*Device		braces	other _____
	*Reason	cosmeti	c_____	
	*Age during use	___9___ to ___11___	years of age	
Other:	*List			
	*Reason/Cause			

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? ___28___ How long do they last? 4-5

Do you experience cramps? Average

Method of birth control? vasectomy___ 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? ___?___

List of pregnancies and outcomes below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2001	vag	girl	normal		
2.2003	vag	boy	normal		
3 2005.	vag	boy	normal	surrogate	
4. 2006	vag	boy	normal	surrogate	
5. 2007	vag	girl	normal	surrogate	
2010	Currently pregnant			surrogate	

Any complications? _____no_____

MEDICAL HISTORY

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

1. _____I.V.F_____

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? _____yes___If yes, how many drinks per: day? _____ week? _____1-2_____ month?_____

Do you have any allergies to drugs or environmental exposures? _____no_____ Pls. explain: seasonal asthma

Describe any childhood allergies that you have outgrown: _____none_____

Do you have any medical illnesses (diabetes, asthma, etc...)? _____ If yes, pls. explain: asthma seasonal

Please list all prescription or over the counter medications including dosage you are currently taking:
one a day woman's.

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

Have you ever donated your eggs before? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
1/2008	24	22	Yes (Twins)	Pending
6/10/2008	38	29	Yes	Pending
8/10/2008	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? ____\$10,000_____

What is the least amount you would consider? ____\$10,000_____

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? yes__If yes, what is the hourly rate? _\$10_____ X __2__ kids

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

Are you currently sexually active? _yes_ If yes, is it a monogamous relationship and for how long?
7 years husband

If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease? __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? __no_____ If yes, please explain treatment

Please mark any that apply to you within the last 12 month

6 None of the Above

EDUCATION

Highest Level of Education Completed: Grade School _____
Jr. High School _____
Sr. High School (GPA: _____)
Currently in College pursuing a degree in: 1 year college 2000 completed
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: _____ College GPA: 3.6

Please list names and year of all colleges attended: College Year
1. Allan Hancock College Santa Maria Ca _____
2. _____
3. _____

What was your favorite subject in school? math-drama _____ You're least favorite? science

Dean's List or Honor Roll? honor roll sophomore

As an adult I am most proud of: My children and husband

Currently I have a career in: none

I have been in this profession for 7 days/mos/years

*I have flexibility in my current profession: Yes

Languages: Speak: English some Spanish

Read: both

Write: both

I consider myself: **Athletic**

Physical activities include: working out-weights- all sports very active in cardio

Have you excelled in any physical activities? basketball-volleyball

Manual Dexterity Average

I would describe my diet as: very good

Other skills or talents? piano school 6 years

Do you show artistic or musical ability? y If yes please explain: piano-read music

***Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose th your appointments, as they will coincide with the clinic’s requirements and timing of your cycle. You will be req attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a. schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brw	brw	5'7	med	46	46	sleep apnea
Father	blk	brw	6'0	fair	51		
Brother: 1.	brw	brw	6'1	med	30		
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	brw	brw	5'7	fair	76		
Maternal Grandfather	btw	brw	6'0	med	50	50	cancer colon
Paternal Grandmother	blu- grreen	blond	5'6	fair	65	65	?
Paternal Grandfather	brw	brw	5'6	fair	76	76	Cancer?
Children: (If Any) 1.	light brw	brw		med light	6		
2.	light brw	brw		med light	4		

3.							
4.							

Are you adopted? ____no____ If yes, do you have access to your biological health history? _____
 Twins or multiple births in the family? __no_____ If yes, how many sets? _____

Are there any known genetic diseases that run in your family? no_____ If yes, please identify all such diseases and 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) ____n____

Sickle Cell (African American) _n_____

Thalassemia (Greek/Italian) ____n____

Tay-Sach's (Jewish) _____n_

If yes to any of the above, were you determined a carrier? _____

How would you describe your personality and temperament? very outgoing, devoted, true sense of care for others.

What is your philosophy of life? live for others not yourself. the best gift of life, it is better to give then receive

What qualities and characteristics would you hope the recipient parents possess? respect-love-honesty-faith

How does it make you feel at the possibility of their offspring knowing about the donation? understanding

How would you describe your childhood? Very active, loved to be adventurous. Kept busy in dance and all sports

What is the earliest memory you hold as a child? losing my first tooth

What was it like growing up in your family? very loving household, very active family, surrounded by lots of care and

my whole family, we were all very close

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: play sports

At home I was expected to: take care of animals/dishes household help

My parents were strict about: grades

My parents taught me to value: family

What I loved most about my father was: committed to the family

What I loved most about my mother was: her love and devotion

My favorite relatives were: my grandma

I loved to visit: DISNEYLAND

In comparison to others I was: active love to work out

Your Teenage Years:

Describe yourself as a teenager: energetic. very athletic

Describe your achievements: my children and my care for others in surrogacy

Did you do poorly at anything? unsure

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? (e.g., emotionally, financially):

Experience and what I feel is in my path to do, I believe in faith

What message would you like passed on to the recipient of your eggs/their offspring? To love and cherish every moment of life, there is no other greater love

What helped you decide to become an egg donor? my mother and the devotion in our family

Do you consider yourself a reliable person? yes

Do you consider yourself a punctual person? _____yes

Would you describe yourself as a religious or spiritual person? _____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? __to live life to the fullest

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

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

What is your favorite color? _lavender_____

Favorite type of food? __Mexican_____

Favorite movie? _____steal magnolias_____

Favorite type of music? _____Christian_____

Favorite Book? _____any romance_____

Would you be willing to donate to gay or single prospective parents? _____ Please specify: _____no gay__

Would you be willing to meet a child conceived as the result of your donation? __yes_____ Please elaborate:

Would you be interested in possibly meeting the prospective parents? Yes

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

None

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?

None

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?

Yes

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?

Fine

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

Fine

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

I wish you a lifetime of love and happiness

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: ____Jan 10, 2008_____

I _____ give An Eggceptional Match, LLC full authority to include my photograph on their 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: _____Jan 10, 2008_____

Witness to Signatures above:

Date: _____

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the 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			yes				
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	yes						
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					yes		
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					yes		

	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						yes	
B. drug abuse, misuse or addiction						yes	
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

